

Student Support Services Advice Form



This document must be handwritten and in black pen.

Purpose: The purpose of this document is to assist WA Skills Training identify and arrange any additional support that may be required by a student.

Instructions: This self-assessment is to be completed for each student prior to commencement of their course. This form may be completed directly by the student or by a WA Skills Training staff members through an interview process. Place a tick in the most appropriate box for each item and/or make a written response. Answering 'No' to any question does not necessarily mean that the student will not be able to enrol into the course.

WA Skills Training Staff: Place the student at ease and explain the purpose of this self-assessment. Encourage the student to feel comfortable to ask questions at any time.

WA Skills Training staff will analyse the responses to identify any areas in which student may require any additional educational or support services. WA Skills Training may engage a formal ACSF (LLN – language literacy numeracy) assessment if there are any areas of concern.

SECTION 1 – Personal Details

Name:		DOB:	
Email:		Mobile:	

SECTION 2 – Course / Unit

Code/Title :		Date:	/ /
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SECTION 3 – Self-Assessment

Do I have the ability to complete the following: *Please tick the relevant box and make Comments below (if needed)*

Numeracy	Add and subtract numbers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 1
	Multiply and divide numbers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 2
	Calculate percentages and fractions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 3
	Perform calculations when given a formula and calculator	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 4
Literacy (Reading)	Read and understand policies and procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 1
	Read checklists	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 2
	Read and follow instructions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 3
	Read legislation and technical documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 4
Writing	Fill in simple documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 1
	Write short sentences	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 2
	Write notes, letters and emails	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 3
	Write policies, procedures & instructional guides	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 4
Language	Speak at meetings or in a group	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 1
	Ask questions when unsure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 2
	Provide instructions to others	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 3
	Make a presentation to a group	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 4
Computer	Navigate folders on a computer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 1
	Use internet to conduct research	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Level 2

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SECTION 4 – Self-Rating					
Please rate your comfort level in the following : (Please tick the relevant box) :	Poor	Below average	Average	Above average	Excellent
Numeracy (recognising, working with and using numbers in calculations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening & Understanding (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 5 – Student Support Needs Declaration					
Answer the following : (Please tick the relevant box): <i>Make Comments below (if needed)</i>					
Do you have any physical disabilities which may impede your perform in undertaking this course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Please outline support services you feel may assist you whilst undertaking this training & Assessment:		
Do you have any impairments which may impede your performance in undertaking this course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Do you need any additional education or support services whilst undertaking this training course? <i>This might include: access to IT, Internet, computers, workplace resources/equipment?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Please sign to agree that the above information is true and accurate.					
Student Signature:			Date:	/ /	
Sections 6 and 7 for trainer to complete					
SECTION 6 – Agreed Support Plan					
<input type="checkbox"/> NO Further Support needed					
<input type="checkbox"/> Support arrangement to be put in place:			Where this service will be accessed:		
Does the student need to complete the LLN Quiz?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
SECTION 7 –Trainer Declaration					
Please sign to agree that the above information is true and accurate.					
WA Skills Trainer Name:					
Signature :			Date:	/ /	
SECTION 8 – Manager Declaration (If support plan is required)					
<i>If a support plan is required, please hand this signed form into management for a suitable support plan to be put in place to support the learner enrolment.</i>					
Manager Name & Position:					
Signature :			Date:	/ /	