



## LEARNING SUPPORT QUESTIONNAIRE

### Confidential Student Information

North Regional TAFE is committed to protecting your privacy. This information is collected only for the purpose of providing you with the most suitable learning support services. You are also giving permission for this information to be shared with your lecturers, relevant support staff and workplace supervisor as appropriate.

|  |  |                       |  |
|--|--|-----------------------|--|
| <b>This form may be completed by yourself in writing, or together with your lecturer during a verbal discussion.</b> |  |                       |  |
| First name   |  | Surname               |  |
| Phone  |  | Student ID (if known) |  |
| Date of birth  |  | Email                 |  |
| Title of course you are completing   |  |                       |  |
| Campus / Location  |  |                       |  |
| Lecturer name  |  |                       |  |
| Employer (if applicable)   |  |                       |  |

|  |                          |  |  |
|--|--------------------------|--|--|
| <b>Do you have any learning support needs that you would like to discuss with your lecturer?<br/>Check as many boxes as you need to.</b>   |                          |  |  |
| Understanding, speaking, reading or writing English  | <input type="checkbox"/> | Study skills eg writing assessments, meeting deadlines | <input type="checkbox"/>                                 |
| Maths  | <input type="checkbox"/> | Other support (Please add)                             | <input type="checkbox"/>                                 |
| Using computers/IT skills  | <input type="checkbox"/> |  |  |
| Do you have a diagnosed disability, mental health or medical condition that may impact on your learning? Would you like to discuss your support needs with the AccessAbility Support Team?           |                          |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you identify as Aboriginal and/or Torres Strait Islander, you will have access to Aboriginal Training Services (academically, culturally and pastoral). Would you like support from the ATS team? |                          |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| <b>Please advise us of anything else that may impact on your training and assessment (eg family responsibilities, anxiety, medical condition, mental illness, disability, flexibility with timing, the use of alternate technologies and resources).</b> |
| <br><br><br><br>   |

|   |  |      |  |
|---|--|------|--|
| <b>I give permission for this information to be shared with my lecturers, relevant support staff and workplace supervisor as appropriate.</b> |  |      |  |
| Student Signature   |  | Date |  |



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| Office Use Only - Referral Actions |         |                   |  |                    |
|------------------------------------|---------|-------------------|--|--------------------|
| Action Taken                       | By Whom | Date Action Taken | Referral closed? Y/N (no further action required, or continue referral action) | Date Action Closed |
|                                    |         |                   |  |                    |
|                                    |         |                   |  |                    |
|                                    |         |                   |  |                    |

*Store this completed document in the relevant T&A folder*