

CFS18 Student Counselling/Intervention Form

- *International students must maintain satisfactory the Code of Conduct and Course progress under the Collins Academy policy. Failing to successfully implement the proposed intervention strategy could result in suspension and/or unsatisfactory course progress in the next study period. Breaking the policy of Code of Conduct and/or having unsatisfactory progress for two consecutive study periods will lead to student's enrolment being cancelled and being reported to Department Immigration and Border Protection for unsatisfactory course progress which could affect their student visa.*
- *All special needs and support strategies identified, regardless of whether or not supporting evidence was provided, will be recorded in the student's training plan /student file for monitoring purpose. An intervention strategy may be initiated as a support strategy for a student who has been identified as having special needs.*

STUDENT DETAILS

First Name: Family name: Student ID:

Course Code/Title

REASON FOR INTERVENTION PLAN

- | | |
|--|--|
| <input type="checkbox"/> Further skills development required
<input type="checkbox"/> Unsatisfactory attendance
<input type="checkbox"/> Unsatisfactory course progress
<input type="checkbox"/> Plagiarism/ cheating
<input type="checkbox"/> Special needs (e.g. learning difficulties, mental health, disability etc)
<input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Incomplete pre-requisite units
<input type="checkbox"/> Non commencement after the break
<input type="checkbox"/> Suspension of studies
<input type="checkbox"/> Absent for 10 consecutive days
<input type="checkbox"/> Deferral |
|--|--|

Reason:

INTERVENTION SUPPORT STRATEGIES

- | | |
|--|--|
| <input type="checkbox"/> Register for one-on-one learning support.
<input type="checkbox"/> Register for additional timetable/classes
<input type="checkbox"/> Register for LLN support classes.
<input type="checkbox"/> English support classes
<input type="checkbox"/> Reasonable adjustments to assessment
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Bi-lingual support session
<input type="checkbox"/> Re-assessment (utilising remaining attempts)
<input type="checkbox"/> Assistance finding models/clients.
<input type="checkbox"/> Referral to external services: _____
<input type="checkbox"/> Computer skills support session |
|--|--|

Additional Comments by Academic Manager/Officer undertaking intervention:

IMPROVEMENT PLAN

Revised Timetable issued*: Yes No *(only applicable if the proposed training schedule has not be affected)*

**The above improvement plan and any support strategies implemented must be reflected on the revised Training Plan.*

Additional comments regarding student's commitment (if applicable):

STUDENT DECLARATION

I declare that I have participated in the above intervention planning meeting and I agree to the above improvement plan. I understand that failure to make satisfactory course progress and regularly attend my classes could lead to the cancellation of my enrolment. I confirm that I received a revised training plan (if applicable).

Student Signature:

Date

 / /

OFFICE USE ONLY:

Approval:

Request approval: Yes No

Approving Officer's name:

Position:

Approving Officer's signature:

Date:

 / /

Officer undertaking Intervention:

Position:

Signature:

Date:

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Updated on eXcelerate Emerge

Head Trainer/Trainer notified

If applicable:

Finance Officer Name:

Finance Officer Signature:

Date:

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Outcomes: