

**FORM VT266****PRE-TRAINING REVIEW (PTR) EVALUATION**

**(This form must be completed prior to enrolment of an applicant in a course after conducting the PTR)**

The Pre-Training Review (PTR) is conducted by a PTR authorised delegate of Baxter Institute (i) to make sure the student is enrolling in a suitable and the most suitable and appropriate training option based on the individual's existing educational attainment, capabilities, aspirations and interests and with due consideration of the likely job outcomes from the development of new competencies and skills; (ii) to identify any competencies previously acquired (Recognition of prior learning (RPL), recognition of current competency (RCC) or national recognition (NR)); (iii) to ascertain that the proposed learning strategies and materials as documented in the TAS are appropriate for that individual; (iv) to identify the individual's specific learning needs or difficulties, any core skills gaps (such as reading, writing, learning, oral communication, or numeracy), and digital capability, such that the appropriate educational and support services can be sourced for students in need of support, to complete their selected course successfully.

Student's name: \_\_\_\_\_ ID number (if applicable): \_\_\_\_\_

Course that the student wishes to enroll in (target course):

**PART A: LLN ASSESSMENT RESULTS**

**Assessor instructions:** Record the LLN assessment results achieved by the applicant in the table below (please tick  as appropriate):

Core Skill Area/ Skill level	Spiky Profile (Australian Core Skills framework)					
	Learning	Reading	Writing	Oral communication		Numeracy
				Listening	Speaking	
ACSF 5						
ACSF 4						
ACSF 3						
ACSF 2						
ACSF 1						
Pre-level 1						

**Part A1: Assessor comments regarding student's/candidate's suitability for the target course**

**Is the student suitable to enroll in the target course based on LLN assessment results (tick appropriate response)?**

- No: The results of LLN testing indicate that the student does not have the ability to successfully complete the target course
- Yes: The results of LLN testing indicate that the student has the ability to successfully complete the target course, or can be provided with reasonable and accessible support to assist them to complete the training.

**Appropriate/ recommended training program:**

**Recommended support/ adjustments (if applicable):** \_\_\_\_\_

If **“YES”**, please proceed to **Part B: Evaluation**. (Note: answering “YES” in this section does not guarantee suitability for the training option – the evaluation section below must be completed in full.)

If **“NO”**, please proceed to **Part A2: More suitable alternative enrollment**

### **Part A2: More suitable alternative enrollment**

**This section to be completed only if the above response is “NO”.**

Is there a more appropriate and suitable training option that you have recommended to the individual?

No

Yes: What is the more suitable alternative training option? \_\_\_\_\_

Recommended support/ adjustments (if applicable): \_\_\_\_\_

Has the student accepted the suggested alternative training option?

Yes: **If “YES”, please proceed to Part B: Evaluation**

No: **If “NO”, do not proceed with enrollment.**

### **PART B: EVALUATION**

<b>Q 1.</b> Does enrolment in the course align with the student’s aspirations and interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q 2.</b> Is the student being enrolled in a training program that is at the appropriate level for them, based on having the appropriate experience and level of skill and ability to undertake this course successfully?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q 3.</b> Will the student be developing new competencies and not be duplicating existing skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q 4.</b> Does the student have the aptitude to undertake study and succeed in the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q 5.</b> Does enrolment in the course align with the individual’s likely job, participation and/or further study opportunities and/or access to training for disadvantaged learners?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***If the answer to any questions from Q1 to Q5 is “NO”, do not enroll the individual.***

<b>Q 6.</b> Does the student have appropriate language, literacy, and numeracy level for this course? If No, please specify in <b>part C</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q 7.</b> Does the student require additional English learning or other types of support to participate in this course? If Yes, please specify in <b>part C</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q 8.</b> Is the intended course suitable for the student and appropriate to enroll into the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q.9</b> Does the student have the appropriate digital capabilities (if required) to successfully undertake the proposed training option? (Refer to Question 10 in the form AD222 and the results of digital capability testing as determined from LLN robot to decide).	

<input type="checkbox"/> Yes <input type="checkbox"/> No  If “NO”, please identify reasonable adjustments or additional digital capacity support in Part C.	
<b>Q 10.</b> Is the RPL/Credit Transfer suitable?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **PART C: DEVELOPMENT OF TRAINING PLAN CONSIDERATION**

**Q 11.** What were the strategies identified to support the individual? (You can tick more than one if applicable)

**Reasonable adjustments**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> One on one learning support              | <input type="checkbox"/> Rest breaks                | <input type="checkbox"/> Flexibility with written assessments (e.g. verbal questioning)   |
| <input type="checkbox"/> Paper-based assessment                   | <input type="checkbox"/> Digital capability support | <input type="checkbox"/> Flexibility with practical assessments (e.g. more practice time) |
| <input type="checkbox"/> Additional time with learning/assessment | <input type="checkbox"/> Other _____                |   |
| <input type="checkbox"/> No reasonable adjustments required       |   |   |

**Q 12.** What were the additional supports recommended to the individual? (You can tick more than one if applicable)

**Additional support**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Additional timetable  | <input type="checkbox"/> Digital capability support                         | <input type="checkbox"/> Bilingual support |
| <input type="checkbox"/> ACSF Core skills support classes  | <input type="checkbox"/> Induction of relevant facilities (e.g. Disability) | <input type="checkbox"/> Workshops         |
| <input type="checkbox"/> Special monitoring requirement (e.g. Student self-identified learning barriers) | <input type="checkbox"/> Referral to external services:<br>_____            |  |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> No additional support required                     |  |

### **PART D: OUTCOME OF THE PRE-TRAINING REVIEW**

**Q 13.** The individual’s enrollment in the proposed training program meets the following objectives of the Skills First Program for the following reasons (for Skills First students, at least one objective must be met):

- Enable the Eligible Student to obtain the required skills to make them job-ready
- Assist the Eligible Student to undertake further education
- Promote/enable access to training for a disadvantaged learner
- N/A – Student is Fee for Service

**Q 14.** Considering the analysis of the results of the Pre-training questionnaire (PTQ), Pre-training interview (PTI) and LLN assessment, is the proposed training program is suitable, and the most suitable training option for the individual?

- Yes
- No

If “No”, do not proceed with enrollment

**Q 15.** Considering the analysis of the results of the Pre-training questionnaire (PTQ), Pre-training interview (PTI) and LLN assessment, including consideration of special needs, disability, the individual's personal circumstances, preferred learning style, previously used methods of learning, adequacy/appropriateness of learning materials, any additional support or adjustments the student may require, (to be documented in the Training Plan), are the proposed learning strategies as documented in the TAS, and learning materials used in this course, suitable for the student?

Yes: Enrolment to proceed without adjustment

No: Enrolment to proceed with adjustments. If "NO", Adjustments must be reflected in the Training Plan.

### **AUTHORISED DELEGATE TO COMPLETE**

I declare that I have fairly assessed the student against their current competencies and LLN levels as aligned to Australian Core Skills Framework. I have discussed the course expectation and outcomes of the PTR with the student and I agree that the qualification chosen is suitable and the most appropriate for the student based on their educational attainment levels, capabilities, aspirations and interests, and with due consideration of the likely of the job outcomes from the development of new competencies and skills. Moreover, I agree that the proposed learning strategies and materials are appropriate for the students. I have also provided feedback to the student in relation to the appropriateness of the qualification to meet their needs, and in relation to the assessed levels of Language, Literacy and Numeracy.

Assessor name: \_\_\_\_\_ Assessor signature: \_\_\_\_\_

Date: / /

### **STUDENT DECLARATION**

I declare that I have discussed my course expectations and outcomes of the Pre-training review (PTR) with the authorised delegate and I agree that the training option I have chosen is suitable, and the most suitable for me based on my aspiration and interests, educational attainment levels, capabilities, likely future job and career plan.

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: / /