|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** |  | **Contact number:** |  | | **Contact number:** | |  | | |
| **Email address** |  |  | | | | | **DoB** |  | |
| **Course** |  | **University** | |  | | | **Year of study** | |  |
| **No hours Allocated** |  | **Frequency of hours agreed and location Example; 1hr per week at the Library** | | | |  | | | |
| Please sign to say that you understand that:   * Your work is your own responsibility and your Study Skills Tutors cannot advise you about the subject or content of your work * You are expected to attend your 1:1 sessions on a regular basis * If you miss booked appointments there may be a charge for the sessions * I understand that my Study Skills Tutor cannot proofread my university/college work but can provide proofreading strategies   Student Name Signed (Student) Date:  Tutor Name Signed (Support Tutor): Date:  \*To be scanned and emailed to the Front of House Service Advisor, Sharan Riayat [sharan@learningsupportcentre.com](mailto:sharan@learningsupportcentre.com) after initial session every academic year. **All workplans must be signed and dated for audit purposes.**  Please save document as: WORKPLAN- STUDENT NAME 16-17 | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Semester** | **Targets identified by student and tutor**  **(SMART)** | **Work Covered/Strategies used,**  **including technology** | **Future Recommendations/Revised**  **targets** | | | |
| 1 |  |  |  | | | |
| 2 |  |  |  | | | |
| Re-sit’s |  |  |  | | | |
| **Significant areas for support identified at referral:** | | **Areas discussed:** |  | Time Management & Self-organisation |  | Preparing presentation & Presenting skills |
|  | Note taking Skills |  | Assignment writing skills |
|  | Research methods |  | Proof reading strategies |
|  | Reading Skills |  | Referencing tools |
|  | Assignment planning |  | Exam revision |
|  | Critical thinking skills |  | Group work skills |