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| **Student name** |  | | **Contact number:** |  | | | | **Contact number:** | |  | | | | |
| **Email address**  **(Please tick preferred)** |  | |  | | | | | | | **DoB** | |  | | |
| **Term Time Address** |  | | **Home Address** | |  | | | | | | | | | |
| **Course** |  | | **University** | |  | | | | | | | | | |
| **CRN No. / Art ID** |  | | **Funding Source** | |  | | | | | **Year of study** | | | |  |
| **No hours Allocated** |  | | **Frequency of hours agreed and location Example; 1hr per week at the Library/skype** | | | | | |  | | | | | |
| **Significant areas for support identified at referral:** | | **Areas discussed:** | | | |  | Time Management and Self-organisation | | | |  | | Preparing presentation and 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 | |

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| **Semester** | **Targets identified by student and tutor**  **(SMART)** | **Work Covered/Strategies used,**  **including technology** | **Future Recommendations/Revised**  **targets** |
| 1 |  |  |  |
| 2 |  |  |  |
| Resits |  |  |  |
| 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 if the appointments cannot be filled * I understand that my Study Skills Tutor cannot proofread my university/college work but can provide proofreading strategies   Student Name  Signed (Student): Signed (Support Tutor): Date: | | | |