|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student name** |  | | **Contact number:** |  | | | | **Contact number:** | | 07 | | | | |
| **Email address**  **(Please tick preferred)** |  | |  | | | | | | | **DOB** | |  | | |
| **Term Time Address** |  | | **Home Address** | |  | | | | | | | | | |
| **Course** |  | | **University** | |  | | | | | | | | | |
| **CRN No. / Art ID** |  | | **Funding Source** | |  | | | | | **Year of study** | | | | 2 |
| **No. hours allocated** |  | | **Frequency of hours agreed and location** | | | | | |  | | | | | |
| **Significant areas for support identified at referral:** | | **Areas discussed:**  . | | | |  | Time Management  and self-organisation | | | |  | | Preparing presentation and Presenting skills | |
|  | Note-taking strategies | | | |  | | Assignment Planning | |
|  | Research methods | | | |  | | Proof reading strategies | |
|  | Reading strategies | | | |  | | Referencing tools | |
|  | Assignment planning | | | |  | | Exam revision | |
|  | Accessing assistive technology | | | |  | | Group work skills | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Semester** | **Targets identified by student and tutor**  **(SMART)** | **Work Covered/Strategies used,**  **including technology** | **Future Recommendations/Revised**  **targets** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please sign to say that you understand that:   * Your work is your own responsibility and your Study Assistant cannot advise you about the subject or content of your work * You are expected to attend your 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 Assistant cannot proofread my university/college work but can provide proofreading strategies   Student Name Jayne Sanderson  Signed (Student): Signed (Study Assistant): Date: | | | |