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| **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 |

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| --- | --- | --- | --- |
| **Semester** | **Targets identified by student and tutor****(SMART)** | **Work Covered/Strategies used,****including technology** | **Future Recommendations/Revised****targets** |
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| 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 SandersonSigned (Student): Signed (Study Assistant): Date: |