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SURNAME OF STUDENT/S:.....**DATE OF SKILLS ASSESSMENT:**.....

STUDENT 1, GIVEN NAME: **STUDENT 2, GIVEN NAME:**

PARENT'S/GUARDIAN'S NAME: **EMAIL:**
(PLEASE INCLUDE YOUR SURNAME, IF DIFFERENT TO YOUR CHILD'S)

PARENT'S HOME ☎: **WORK** ☎: **MOBILE** ☎:

ADDRESS: **SUBURB :** **POSTCODE:**.....

STUDENT 1: BIRTH DATE/...../..... **AGE:**..... **GRADE/YEAR :**..... **GENDER** M F

STUDENT 2: BIRTH DATE/...../..... **AGE:**..... **GRADE/YEAR :**..... **GENDER** M F

STUDENT 1: SUBJECT/S STRENGTHS
.....

Brief comments are invited

SCHOOL: **TEACHER NAME/S:**

STUDENT 1: AREAS OF TUTORIAL INTEREST (PLEASE ✓ THE EMPTY BOXES)

Code	TUTORIAL INTEREST	✓	Code	TUTORIAL INTEREST	✓	Code	TUTORIAL INTEREST	✓	Code	TUTORIAL INTEREST	✓
SP	SCHOLARSHIP PREPARATION	<input type="checkbox"/>	RE	READING	<input type="checkbox"/>	E	ENGLISH	<input type="checkbox"/>	CO	COMPREHENSION	<input type="checkbox"/>
WR	WRITING/ESSAY WRITING	<input type="checkbox"/>	SP	SPELLING	<input type="checkbox"/>	M	MATHS & PROBLEM SOLVING	<input type="checkbox"/>	SS	STUDY SKILLS	<input type="checkbox"/>
TP	TRANSITION GR 6 - YR 7	<input type="checkbox"/>	PS	PUBLIC SPEAKING	<input type="checkbox"/>	EN	ENTREPRENEURSHIP	<input type="checkbox"/>	FL	FINANCIAL LITERACY	<input type="checkbox"/>
CU	CULTURAL UNDERSTANDING	<input type="checkbox"/>	ET	ETHICS	<input type="checkbox"/>	LC	LIFE COACHING	<input type="checkbox"/>	GS	GOAL SETTING	<input type="checkbox"/>

STUDENT 2: SUBJECT/S STRENGTHS
.....

Brief comments are invited

SCHOOL: **TEACHER NAME/S:**

STUDENT 2: AREAS OF TUTORIAL INTEREST (PLEASE ✓ THE EMPTY BOXES)

Code	TUTORIAL INTEREST	✓	Code	TUTORIAL INTEREST	✓	Code	TUTORIAL INTEREST	✓	Code	TUTORIAL INTEREST	✓
SP	SCHOLARSHIP PREPARATION	<input type="checkbox"/>	RE	READING	<input type="checkbox"/>	E	ENGLISH	<input type="checkbox"/>	CO	COMPREHENSION	<input type="checkbox"/>
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Thank you for choosing Edworks. We look forward to assisting you.