

LANGUAGE, LITERACY AND NUMERACY (LLN) REVIEW:

- I choose not to complete this LLN assessment, as I can assure you that I have appropriate reading, writing, numeracy (maths), and communication skills, and do not have any learning difficulties. I can understand written information or instructions in English, comprehend and respond correctly to English conversation in the workplace, write short answer questions in English, and have basic calculation abilities.
- I choose to complete this LLN assessment.

The purpose of the LLN review is to ensure that the proposed course and materials are appropriate for you and that your individual needs are taken into consideration during the course. The LLN review, together with discussions during the enrolment process, assists Construction Training Group to ensure that the selected course is appropriate for you and to determine if you may require any additional support.

Please complete the following questions to the best of your ability. If you cannot answer a question, just move onto the next one. You are allowed to use a calculator. You must not seek help from others or any assistive technology or language processing software (e.g., Google translator) to complete this LLN assessment.

What is your full name?

Self-assessment – Please rate your own ability with the following:

1. Reading	<input type="checkbox"/> I generally do not need help	<input type="checkbox"/> I need help sometimes	<input type="checkbox"/> I need help often
2. Writing	<input type="checkbox"/> I generally do not need help	<input type="checkbox"/> I need help sometimes	<input type="checkbox"/> I need help often
3. Maths	<input type="checkbox"/> I generally do not need help	<input type="checkbox"/> I need help sometimes	<input type="checkbox"/> I need help often
4. Communicating	<input type="checkbox"/> I generally do not need help	<input type="checkbox"/> I need help sometimes	<input type="checkbox"/> I need help often

Do you have any learning difficulty?
 Yes. Please specify:
 No

Is there anything that we should be aware of that may assist us to support you during your training?

Select the most appropriate answer for each question:

Q5	What is a type of sport?	<input type="checkbox"/> GREEN	<input type="checkbox"/> TENNIS	<input type="checkbox"/> COFFEE
Q6	How many days are there in a week?	<input type="checkbox"/> SIX	<input type="checkbox"/> TEN	<input type="checkbox"/> SEVEN
Q7	What do some people eat for breakfast?	<input type="checkbox"/> CEREAL	<input type="checkbox"/> HAND BAG	<input type="checkbox"/> PENS
Q8	Complete this sentence using the following words: - Tom - Morning - Day	_____ drinks a coffee each _____ because it helps him start his _____.		

Please complete the following calculations (you may use a calculator if you wish)

Q9.	15 + 7 =	Q10.	8 X 7 =
Q11.	27 ÷ 3 =	Q12.	19 - 6 =
Q13.	½ OF 200 =	Q14.	10% OF 100 =

Please read the statement below and complete the following questions:

John Brown is 21 years old and has been employed at CJV Pty Ltd for the past 3 years. He has been working in the warehouse for the past 6 months where his main responsibility is packing orders. John enjoys working at CJV Pty Ltd and was awarded with the 'employee of the month' certificate last week. Next week, John will be attending a training session about occupational health and safety in the workplace and he is looking forward to it.

John catches the train to work each day. His weekly train ticket costs him \$32.80. It takes John just under one hour to get to work each morning on the train. John's working hours are as follows:

Monday to Thursday: 7am-3pm (less 30 minute unpaid lunch break)

Friday: 7am – 3.30pm (less 30 minute unpaid lunch break)

Q15. Who is John's employer?

Q16. What is John looking forward to?

Q17. How long has John been working in the warehouse?

Q18. Which train would John need to take to get to work on time?

(Please circle the correct answer)

A. 6.00AM B. 6.30AM C. 7.00AM

Q19. How old was John when he first started working at CJV Pty Ltd?

Q20. How much change does John get from \$40.00 when he buys his weekly train ticket?

Q21. Use at least 3 full sentences to describe why you would like to do this course and what you would like to achieve from it (including any specific skills or experience you aim to gain in relation to your employment by undertaking this course).

Q22. Do you possess any specific skills or experience in relation to this course? If yes, please specify.

☺ **THANK YOU FOR COMPLETING THE LLN REVIEW** ☺

STUDENT NAME:

STUDENT SIGNATURE:

DATE:

OFFICE USE ONLY – LLN OUTCOME				
SELF-ASSESSMENT	<input type="checkbox"/> No support required	<input type="checkbox"/> Support required sometimes (R / W / M / C)	<input type="checkbox"/> Support required often (R / W / M / C)	
AREA	ASSESSMENT OUTCOME/RECCOMENDATIONS			
LANGUAGE	<input type="checkbox"/> Suitable level for program	<input type="checkbox"/> May require support	<input type="checkbox"/> Unsuitable for program	<input type="checkbox"/> See Notes
LITERACY	<input type="checkbox"/> Suitable level for program	<input type="checkbox"/> May require support	<input type="checkbox"/> Unsuitable for program	<input type="checkbox"/> See Notes
NUMERACY	<input type="checkbox"/> Suitable level for program	<input type="checkbox"/> May require support	<input type="checkbox"/> Unsuitable for program	<input type="checkbox"/> See Notes
NOTES:				
Are alterations required to the delivery and/or assessment strategy for this student?				
<input type="checkbox"/> NO <input type="checkbox"/> YES – PLEASE SPECIFY (consider specific skills or experience, disability, language, literacy and age of the student):				
A) Amount of training changes:				
B) Changes to content and delivery of the training:				
C) Reasonable Adjustments to assessment:				
<input type="checkbox"/> Copy of full LLN including outcome page for trainer.				
<input type="checkbox"/> Copy only LLN outcome page for trainer.				
<input type="checkbox"/> LLN copy not required.				
_____ CTG REPRESENTATIVE NAME		_____ CTG REPRESENTATIVE SIGNATURE		_____ DATE
Record of support provided for the student (including outcomes): (Note: To be completed at the completion of the course)				
_____ TRAINER/ASSESSOR NAME		_____ TRAINER/ASSESSOR SIGNATURE		_____ DATE