



Academic Intervention Form

Name of student:

Student ID:

Qualification enrolled in:

Name of trainer:

Reason for Intervention Strategy:

Strategy:

Please tick the strategies agreed to:

- ☐ Attending tutorial or study groups
- ☐ Language, literacy and numeracy support
- ☐ Receiving individual case management
- ☐ Receiving assistance with personal issues which are influencing progress or attendance
- ☐ Receiving mentoring
- ☐ Student support and guidance
- ☐ Other (please describe below)

Next stage:

Please provide specific details of next monitoring meeting or completion date.



Authorisation:

- ☐ This matter has been agreed on and all parties involved have been informed of any actions when necessary
- ☐ The student is aware of the consequences of not complying with this strategy.

Payment (only applicable for late submissions and retest):

Payment required:

- ☐ Yes
- ☐ No

Amount to be paid: _____ (for No of units _____)

Confirmation of payment checked and received by Accountant:

- ☐ Yes
- ☐ No

Accountant signature: _____

Signature of Academic Manager:					
Signature of student:					
Date:					
Trainer informed:	Yes ☐	No ☐			
Intervention strategy completed:	Yes ☐	No ☐	<table border="1"> <tr> <td>Date completed:</td> <td></td> </tr> </table>	Date completed:	
Date completed:					