ASIA
ASTRAL SKILLS INSTITUTE OF AUSTRALIA
RTO Code: 41322 | CRICOS No: 03858C

Intervention Strategy Form

The following form is to be used to document the intervention strategy to be implemented to ensure that the student is able to meet all course requirements and successfully complete the course within the expected time.

This form is also used to record the intervention strategy outcomes applied due to failure to meet satisfactory attendance or course progress.

The information is to be discussed with the student directly and they are required to sign the form to indicate an agreement to the intervention strategies.

Identify the reason for which individual intervention strategy is being implemented	
☐	Student is at risk of breaching **Academic progress** requirements – Go to Part A
☐	Student is at risk of breaching **Attendance requirements** – Go to Part B
☐	Student is identified as **unable to complete course** within the expected duration
☐	Other; please specify:
Briefly describe the reasons for the intervention strategy and how this was identified:	

Student Name:			
Student ID:		**CoE No:**	
Course Name:			
Start Date:		**Proposed Completion Date:**	
Interviewer:		**Date of Interview:**	
Remark (if any):			

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Part A (To record the intervention strategy due to Breach of Academic Progress)

NYC Unit Code:	NYC Unit Name:	Study Period in which unit was scheduled:

Part B (to be filled for recording intervention due to breach of Attendance requirements)

Reason for lack of satisfactory attendance level:		
☐ Medical Reason*	☐ Exceptional Circumstances*	☐ Other* (please specify below):
* Must be supported with valid proof(s)		

Documentation of Intervention Strategy (Course progress and Attendance requirements)* *Intervention Strategy Applied			
☐	English language support;	☐	Counseling;
☐	Extra time given to complete tasks;	☐	Mentoring;
☐	Receive Individual case management	☐	Attending tutorial or study groups;
☐	Review learning materials with the student and provide information to students and in a context that they can understand;		
☐	Access given to supplementary/modified materials;	☐	Extension of CoE;
☐	Supplementary exercises provided to assist understanding of attending academic skills programs;		
☐	Assistance with personal issues which influence progress;		
☐	New Study Plan: Placing student in suitable alternative subject within a course or a suitable alternative course; OR a combination of the above and a reduction in course load;		
☐	Other; please specify:		

Proposed Action(s) for the student to finish off their course	
☐ Length to be extended to complete course:	Weeks: _____ Date: (From: _____ to _____
☐ Other; Briefly describe the proposed action (what is offered to the student to finish off their course):	

Proposed Study Load (Discuss with student the study load required to complete required studies within the CoE)
☐ Rescheduled Weekend Classes [Timetable: Appendix 1]
☐ Rescheduled Weekday Classes [Timetable: Appendix 2]
☐ New Study Plan [Timetable: Appendix 3]

Next Follow-up Meeting (if required)	
Timetable:	
Purpose:	

Student Declaration (To be completed by the Student)
Note: It is important for you to attend classes and meet satisfactory course progress requirements, i.e. being able to successfully complete or demonstrate competency in at least 50% of the course requirements in any **study period*** to achieve minimum competency level. Failing to maintain Satisfactory course progress for two consecutive study periods* will require ASIA to report unsatisfactory course progress to the Department of Home Affairs (DHA) via PRISMS. Although ASIA does not report students on the basis of their low attendance. However, Low attendance will impact your ability to complete assessments, ultimately, leading to unsatisfactory course progress. * **Study Period:** Study period is of 10 weeks in which the student is enrolled.
☐ I agree with the proposed study load to enable myself to complete my course in the designated duration of my CoE.

☐ I agree to attend my classes regularly to achieve satisfactory course progress requirements after the implementation of intervention strategy.			
☐ I have understood the consequences if I do not follow the above schedule.			
Student's Signature:		**Date:**	
Authorized Signature (ASIA):		**Date:**	

Appendix:

☐ **Rescheduled Weekend Class Timetable:**

☐ **Rescheduled Weekday Class Timetable:**

☐ **New Study Plan Timetable:**

Unit Code	Unit Name	Start Date	End Date