

**Candidate Details (please complete in BLOCK letters)**

**SURNAME**

**GIVEN NAME(S)**

**Purpose of the assessment**

This Language, Literacy and Numeracy (LLN) assessment is conducted to assess your capabilities in the mentioned areas. We always attempt to deliver the highest standards of service. To achieve this, we need to understand your current levels of language, literacy and numeracy so that we can ensure that the course is suitable for you and also, so we can understand what support services may be required during your study if you do begin your desired course.

**How we assess LLN**

Within this assessment there are several areas we will be assessing;

- Reading
- Writing
- Oral communication (Speaking and understanding/listening)
- Numeracy (Calculations and measurements)

The assessment is not time-based, although your assessor will advise you if you have taken longer than expected to complete the questions. If you need any help with this assessment, please ask our friendly staff.

**PART 1: Self-assessment**

How do you rate your current Language, Literacy and Numeracy skills? (please circle your answer)

|                           |      |         |      |           |
|---------------------------|------|---------|------|-----------|
| <b>Reading</b>            | Poor | Average | Good | Excellent |
| <b>Writing</b>            | Poor | Average | Good | Excellent |
| <b>Oral Communication</b> | Poor | Average | Good | Excellent |
| <b>Numeracy</b>           | Poor | Average | Good | Excellent |

**PART 2 – Section 1: Language (Oral Communication)**

*(Assessor to verbally question)*

Number of times question was asked before appropriate answer given  
**Please circle as appropriate**

The answer to question showed sufficient levels of Language skills




|                    |                                                                                                                                                                                        |                                             |            |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------|
| <b>1. Language</b> | Is English your.....<br><input type="checkbox"/> 1 <sup>st</sup> language?<br><input type="checkbox"/> 2 <sup>nd</sup> language?<br><input type="checkbox"/> 3 <sup>rd</sup> language? | First attempt                               | <b>YES</b> |
|                    |                                                                                                                                                                                        | Second attempt                              |            |
|                    |                                                                                                                                                                                        | Still not answered after the second attempt | <b>NO</b>  |

Additional comments  
*if greater than the first attempt*


|                                                                              |                                                                                                                                                                    |                                             |     |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----|
| <i>was required</i>                                                          |                                                                                                                                                                    |                                             |     |
| <b>2. Education</b>                                                          | What is your highest level of schooling?<br><input type="checkbox"/> Primary school<br><input type="checkbox"/> High school<br><input type="checkbox"/> University | First attempt                               | YES |
|                                                                              |                                                                                                                                                                    | Second attempt                              |     |
|                                                                              |                                                                                                                                                                    | Still not answered after the second attempt | NO  |
| Additional comments<br><i>if greater than the first attempt was required</i> |                                                                                                                                                                    |                                             |     |

|                                                                              |                                                                                                                                                                                                                                    |                                             |     |
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| <b>3. Schooling</b>                                                          | What year did you complete your schooling? <i>(Assessor to record answer below)</i>                                                                                                                                                | First attempt                               | YES |
|                                                                              |                                                                                                                                                                                                                                    | Second attempt                              |     |
|                                                                              |                                                                                                                                                                                                                                    | Still not answered after the second attempt | NO  |
| Additional comments<br><i>if greater than the first attempt was required</i> |                                                                                                                                                                                                                                    |                                             |     |
| <b>4. Course Outcomes</b>                                                    | Why do you want to complete this course?<br><input type="checkbox"/> To get a job<br><input type="checkbox"/> To make money<br><input type="checkbox"/> To go on to further education<br><input type="checkbox"/> I don't know why | First attempt                               | YES |
|                                                                              |                                                                                                                                                                                                                                    | Second attempt                              |     |
|                                                                              |                                                                                                                                                                                                                                    | Still not answered after the second attempt | NO  |
| Additional comments<br><i>if greater than the first attempt was required</i> |                                                                                                                                                                                                                                    |                                             |     |
| <b>5. Travel</b>                                                             | How did you get here today? <i>(Assessor to record answer below)</i>                                                                                                                                                               | First attempt                               | YES |
|                                                                              |                                                                                                                                                                                                                                    | Second attempt                              |     |
|                                                                              |                                                                                                                                                                                                                                    | Still not answered after the second attempt | NO  |
| Additional comments<br><i>if greater than the first attempt was required</i> |                                                                                                                                                                                                                                    |                                             |     |
| <b>Section 1 - Language TOTAL SCORE</b>                                      |                                                                                                                                                                                                                                    |                                             | / 5 |

|                                                                          |                                                                                                                                                               |
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| <b>Section 2: Literacy</b> <i>(Candidate must complete on their own)</i> |                                                                                                                                                               |
| <b>1. What does the word "positive" mean?</b>                            | <input type="checkbox"/> Negative<br><input type="checkbox"/> Reasonably possible<br><input type="checkbox"/> Displaying certainty, acceptance or affirmation |

|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>2.</b> What does “highly flammable” mean?</p>                                                 | <p><input type="checkbox"/> Walk with extra care<br/> <input type="checkbox"/> Poisonous – do not drink<br/> <input type="checkbox"/> Able to ignite quickly</p>                                                                                                                                                                                                                                                                                               |
| <p><b>3.</b> Do you think that aged care is important?</p>                                          | <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>4.</b> In a <i>minimum</i> of 30 words, explain your answer to Question 3 (above).</p>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>5.</b> Which of these signs represents “No Smoking”?<br/>(Circle the correct answer)</p>      |                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>6.</b> Which of these signs represents “No Parking”?<br/>(Circle the correct answer)</p>      |                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>7.</b> Which of these signs represents “Men &amp; Women”?<br/>(Circle the correct answer)</p> |                                                                                                                                                                                                                                                                                                                                                                            |
| <p><i>Please read the following text and answer the questions below</i></p>                         | <p><i>To whom it may concern,</i></p> <p><i>I am writing to inform you of a meeting to be held at 9.30am on the 31st August. It is to discuss the following: “How to deal with dementia in patients”.</i></p> <p><i>The meeting is to be held at our city campus on Burke Street. Liz Mitchel will be running the session, if you have any questions please forward them on to her at lizmitchel@wmq.org.au</i></p> <p><i>Kind regards,<br/>Management</i></p> |
| <p><i>Answer these questions regarding the text above</i></p>                                       | <p><b>8.</b> Where is the meeting being held?<br/>Answer: _____</p> <p><b>9.</b> What is the meeting about?</p>                                                                                                                                                                                                                                                                                                                                                |

|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                | <p>Answer: _____</p> <p><b>10.</b> What is the date of the meeting?</p> <p>Answer: _____</p> <p><b>11.</b> Who is running the meeting?</p> <p>Answer: _____</p>                                                                                                                                                                                                                                                |
| <p><i>Please read the following text and answer the questions below</i></p>    | <p>Mary was trying to get the large, heavy box down from the shelf in the storeroom without any help. Suddenly, the chair she was standing on slipped, and she fell to the ground. Her wrist hurt a lot, and she was sure that she had sprained it. Bill walked into the room to find Mary lying on the floor, crying, and in obvious pain. "Stay right there, Mary", said Bill, "and I'll get some help."</p> |
| <p><i>Answer these questions regarding the text above</i></p>                  | <p><b>12.</b> Who was helping Mary?</p> <p>Answer: _____</p> <p><b>13.</b> Why did Mary have a fall?</p> <p>Answer: _____</p> <p><b>14.</b> What did Bill tell Mary to do?</p> <p>Answer: _____</p> <p><b>15.</b> How did Bill know Mary was in pain?</p> <p>Answer: _____</p>                                                                                                                                 |
| <p><i>Read the Graph and answer the following questions</i></p>                | <p>Graph showing the number of pets sold per year</p> <p><b>16.</b> Indicate which animal has been bought the most.</p> <p>_____</p> <p><b>17.</b> Indicate which animal has been least bought.</p> <p>_____</p> <p><b>18.</b> Indicate which animal is in the middle.</p> <p>_____</p>                                                                                                                        |
| <p style="text-align: right;"><b>Section 2 - Literacy TOTAL SCORE</b> / 18</p> |                                                                                                                                                                                                                                                                                                                                                                                                                |

| Section 3: Numeracy <i>(Candidate must complete on their own)</i>                                                                                                                    |                                                                                                                                                                                                   |                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Draw a line on the bottle to indicate it is 50% full.</p>                                                                                                                      |                                                                                                                  | <p>2. Which weight is greater?</p> <p> <input type="checkbox"/> 100 kgs<br/> <input type="checkbox"/> 1000 mls<br/> <input type="checkbox"/> 500 gms<br/> <input type="checkbox"/> 2000 kms         </p> |
| <p>3. Sally works on a Saturday night from 5:00pm until 11:30pm, then on Sunday from 10:00am until 4:00pm.</p> <p>How many hours in total does Sally work over a weekend? _____</p>  |                                                                                                                                                                                                   |                                                                                                                                                                                                          |
| <p>4. You buy your friend a birthday present costing \$42.75, and hand over a \$50 note to pay for it.</p> <p>How much change would you expect to get back from your \$50? _____</p> |                                                                                                                                                                                                   |                                                                                                                                                                                                          |
| <p>Consider the following prices for soft drinks, then answer the following questions</p>                                                                                            | <p><b>DRINK PRICES</b></p> <p>A. 250 mls of Cola = \$3.50</p> <p>B. 500 mls of Cola = \$6.00</p> <p>C. 1 litre of Cola = \$9.00</p> <p>D. 2 litres of Cola = \$15.00</p>                          |                                                                                                                                                                                                          |
|                                                                                                                                                                                      | <p>5. Which price would give you the most value for money?</p> <p>_____</p> <p>6. Why does it offer the best value for money?</p> <p>_____</p>                                                    |                                                                                                                                                                                                          |
| <p>Complete the following equations</p>                                                                                                                                              | <p>7. <math>60 \div 12 =</math> _____      8. <math>3.5 \times 5 =</math> _____</p> <p>9. <math>13 + 43 + 28 + 56 =</math> _____      10. <math>[16.2 \times 5] - [9 \times 9] =</math> _____</p> |                                                                                                                                                                                                          |
| <p>Section 3 - Numeracy TOTAL SCORE</p>                                                                                                                                              |                                                                                                                                                                                                   | <p>/ 10</p>                                                                                                                                                                                              |

| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                                |                              |                                          |
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| <i>Where greater than 1 question per section is not answered to a satisfactory level, additional support for students will be required</i>                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                |                              |                                          |
| Section 2 - Language (Oral Communication)                                                                                                                                                                                                                                                                                                                                                                                                                                | / 5  | Does the candidate require additional support to successfully complete their intended training? (tick one box) | <input type="checkbox"/> YES | If 'YES' complete the form over the page |
| Section 3 - Literacy (Reading and Writing)                                                                                                                                                                                                                                                                                                                                                                                                                               | / 18 |                                                                                                                | <input type="checkbox"/> NO  |                                          |
| Section 4 - Numeracy (Numeracy)                                                                                                                                                                                                                                                                                                                                                                                                                                          | / 10 |                                                                                                                |                              |                                          |
| Comments / Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                |                              |                                          |
| <p style="text-align: center;"><b>CANDIDATE DECLARATION</b></p> <p>I declare that I have been fairly assessed against my current LLN levels and have discussed and, where required, organised a future meeting to develop support strategies as required to aid me in completing my desired course. I understand that these strategies may include external support and that entry into training courses may not be permitted until sufficient LLN levels are shown.</p> |      |                                                                                                                |                              |                                          |
| CANDIDATE'S FULL NAME (PLEASE PRINT):                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                |                              |                                          |
| CANDIDATE'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | DATE:                                                                                                          |                              |                                          |
| STAFF MEMBER'S FULL NAME (PLEASE PRINT):                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                |                              |                                          |
| STAFF MEMBER'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | DATE:                                                                                                          |                              |                                          |

The Following Section is to be completed **ONLY** where a POST LLN Assessment Meeting is required due to the student requiring additional support to successfully complete their intended training

| POST LLN ASSESSMENT MEETING DETAILS                                                                                                                                                                                                                                                                                                                                                                                                           |    |                  |       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------|-------|------------------------|
| Appointment Time                                                                                                                                                                                                                                                                                                                                                                                                                              | AM | Appointment Date | / /   | Appointment made with: |
|                                                                                                                                                                                                                                                                                                                                                                                                                                               | PM |                  |       |                        |
| <b>PROPOSED SUPPORT ACTIONS (from Pre-course Meeting)</b>                                                                                                                                                                                                                                                                                                                                                                                     |    |                  |       |                        |
| <b>INTERNAL SUPPORT</b><br>Make notes here of any internal support recommended to include in the Individual Learning Plan                                                                                                                                                                                                                                                                                                                     |    |                  |       |                        |
| LANGUAGE (Oral Communication)                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                  |       |                        |
| LITERACY (Reading and writing)                                                                                                                                                                                                                                                                                                                                                                                                                |    |                  |       |                        |
| NUMERACY                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                  |       |                        |
| <b>EXTERNAL SUPPORT</b><br>Make notes here of any external support recommended to include in the Individual Learning Plan                                                                                                                                                                                                                                                                                                                     |    |                  |       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                  |       |                        |
| <b>CANDIDATE DECLARATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                  |       |                        |
| I declare that I have been fairly assessed against my current LLN levels and have discussed and, where required, organised a future meeting to confirm support strategies as required to aid me in completing my desired course and to complete my Individual Learning Plan. I understand that these strategies may include external support and that entry into training courses may not be permitted until sufficient LLN levels are shown. |    |                  |       |                        |
| CANDIDATE'S FULL NAME (PLEASE PRINT):                                                                                                                                                                                                                                                                                                                                                                                                         |    |                  |       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                  |       |                        |
| CANDIDATE'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                  | DATE: |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                  |       |                        |
| STAFF MEMBER'S FULL NAME (PLEASE PRINT):                                                                                                                                                                                                                                                                                                                                                                                                      |    |                  |       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                  |       |                        |
| STAFF MEMBER'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                  | DATE: |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                  |       |                        |