



Intervention Plan

User: This intervention plan is only to be completed by the Student Support Officer in consultation with the student and to be approved by the Academic/Compliance Manager.

Student Name		Student ID	
Qualification			
Participants Involved		Date	

Purpose

To support the student since:

- Student At-Risk of unsatisfactory course progress
- Student At-Risk in terms of course attendance/participation
- Other, please specify:



Intervention Plan

Intervention Outcome

<p>Details of the intervention meeting discussion and outcome</p>	
<p>Intervention Commencement Date</p>	
<p>Intervention Completion Date</p>	
<p>Date of scheduled follow-up Meeting/s (if applicable)</p>	

- The student must be encouraged to contribute their own ideas for the intervention strategy. If needed, permission should be given to the student to be accompanied by someone to participate in this meeting for their understanding or conformability.
- Accept and review any supporting documents or evidence provided by students under compelling/compassionate reasons:
 - Medical documents/certificates: Yes No
 - Others (please specify below:



Intervention Plan

Agreed Follow-Up Actions

Unit Code	Unit Title	Trainer/Assessor	Fee \$	Intervention Outcome	Study Period/Submission Dateline	Follow-Up Date
				<input type="checkbox"/> Re-enrolment <input type="checkbox"/> Re-assessment <input type="checkbox"/> Catch-up classes		
				<input type="checkbox"/> Re-enrolment <input type="checkbox"/> Re-assessment <input type="checkbox"/> Catch-up classes		
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Student Acknowledgement

I, the undersigned, hereby acknowledge and agreed to the outcomes and plans/actions outlined within this Intervention Plan document:		
Student's Name		
Student's Signature		Date:

Office Use

The following parties have been advised of the agreed outcomes/plans and/or actions of this Intervention Plan:		
<input type="checkbox"/> SSO	<input type="checkbox"/> Trainer/Assessor	<input type="checkbox"/> Student <input type="checkbox"/> Accounts
Student's Final Outcome	<input type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent	Date Intervention Plan Register Updated:
Date CMS Updated:	Completed by (Name and Signature):	

Feedback / Additional Comments

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