# ACSF assessment record

Use the following form to record information about the LLN assessment and your judgement of the candidate’s skills levels. Include any notes that may be useful.

## Core LLN skill assessment summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | Click or tap here to enter text. | **Date Assessed** | Click to enter date |
| **Assessed By** | Click or tap here to enter text. | | |

**Summary of core LLN skills (refer to the ACSF for details of what defines the levels of performance within each skill).**

|  |  |  |  |
| --- | --- | --- | --- |
| **SKILL** | **SUPPORT**  *Note the level of support given, if any, during assessment* | **NOTES** | **ACSF level of performance** |
| **Learning** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Reading** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Writing** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Oral communication** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Numeracy** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Assessment tasks completed:**

|  |
| --- |
| Click or tap here to enter text. |

**Notes about educational background:**

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| --- |
| Click or tap here to enter text. |

**Strengths and weaknesses:**

|  |
| --- |
| Click or tap here to enter text. |

**Other comments:**

|  |
| --- |
| Click or tap here to enter text. |

**Recommendations for support (if any):**

|  |
| --- |
| Click or tap here to enter text. |