

Language, Literacy & Numeracy Screening Tool

AQF Level III & IV

Student Name: _____

Signature: _____

Date: ____ / ____ / ____

Time Started: _____ Time Finished: _____

Qualification: _____

Please record your responses here.

Literacy	Answer
Question 1	
Question 2	
Question 3	
Question 4	
Question 5	
Question 6	
Question 7	
Question 8	
Question 9	
Question 10	

Numeracy	Answer
Question 1	
Question 2	
Question 3	
Question 4	
Question 5	
Question 6	
Question 7	
Question 8	
Question 9	
Question 10	

Written Text - In the space provided on the **Answer Sheet** please write a paragraph (approximately 50 words) on what you wish to achieve from undertaking your new course.

LLN RESULTS – office use only

Literacy Result: /10

Numeracy Result: /10

Written Text:

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LLN support may be required: ☐ Yes ☐ No LLN Officer: _____

Recommendations:
