

## LLN ACSF levels 2 & 3 Student Quiz

The following questions are designed to assess your suitability to do the course you have enrolled in and find any support you may require for successful completion – *there is no Pass or Fail result with this quiz.*

**Please print and complete this form by hand (no typed responses).**

**Note: This is not a test towards your course results – you CANNOT fail this quiz.**

**You should allow no more than 15 minutes to complete this task.**

Student Name:			
Date:			
Name of course:			
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your first language?	
Do you have any known learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: (Optional)	

### Section 1 – Personal Learning *and* Section 2 - Writing

1. Which of the following education levels is the highest you have successfully completed?

- |  |  |
|--|--|
| <input type="checkbox"/> Year 9 or below       | <input type="checkbox"/> Certificate III             |
| <input type="checkbox"/> Yr 10 (or equivalent) | <input type="checkbox"/> Certificate IV              |
| <input type="checkbox"/> Yr 11 (or equivalent) | <input type="checkbox"/> Diploma or Advanced Diploma |
| <input type="checkbox"/> Yr 12 (or equivalent) | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> Certificate II        |  |

2. Using a minimum of 15 words and complete sentences, write down what you are hoping to learn by undertaking this course. Please fill all space provided.


### Section 3 – Reading

1. **Instructions:** Select the most appropriate answer to the following questions.

- |  |  |
|--|--|
| a. For lunch, I would like to eat...               | b. How are you feeling today?                                    |
| <input type="checkbox"/> a sandwich                | <input type="checkbox"/> going shopping                          |
| <input type="checkbox"/> time out in a quiet place | <input type="checkbox"/> I am well, thank you                    |
| <input type="checkbox"/> time to check my inbox    | <input type="checkbox"/> I have just played a game of basketball |

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2. Read the following extraction from the *QLD How to manage Work Health and Safety Risk Code of practice 2011* and circle either True (T) or False (F) to the following statements – **both a) and b).**

*Managing work health and safety risks is an ongoing process. You should work through the Code when:*

- *Changing work practices, procedures or the work environment*
- *Responding to workplace incidents (even if they have caused no injury)*

	Statement	T/F
a)	Managing work health and safety risks is an ongoing process.	T / F
b)	You don't have to use risk management for workplace incidents if there was no injury	T / F

**Section 4 – Numeracy**

**Instructions:** complete the following mathematical questions without using a calculator.

1. What is 50 minus 20 ( $50 - 20$ ) = \_\_\_\_\_
2. What is  $30.5 + 20 + 15$  = \_\_\_\_\_
3. What is 50% of 280 = \_\_\_\_\_
4. What is  $\frac{1}{4}$  of 1200 = \_\_\_\_\_

**Section 5 – Oral Communication**

Based on pre-enrolment, enrolment and introductory conversations, the student's oral communication level is determined based on the description in the LLN Assessor Guide.

**Assessment Complete - Please hand directly to your trainer**

**Trainer Completion Only:**

Core Skills:	ACSF Level	Student LLN Level	Support Required
1. Learning	3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitoring only at this stage
2. Reading	3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitoring only at this stage
3. Writing	3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitoring only at this stage
4. Numeracy	3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitoring only at this stage
5. Oral Communication	3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitoring only at this stage
Trainer Name:			Trainer Initials:

*Assessor Note: If support is required (refer to Assessor's Guide for instructions), please discuss further with the student and complete a Student File Note.*