

STUDENT INTERVENTION STRATEGY AGREEMENT



Australian International
Institute of
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

Student Details

Full Name:		Student ID:	
Email:		Mobile Number:	
Course:			
Campus:	<input type="checkbox"/> Sydney (NSW) <input type="checkbox"/> Brisbane (QLD)		

Background information – Reasons why intervention is needed

<input type="checkbox"/> Poor academic progress	<input type="checkbox"/> Subject/Unit failure	<input type="checkbox"/> Assessment failure
<input type="checkbox"/> Early identification of support need	<input type="checkbox"/> Student at-risk	<input type="checkbox"/> Poor attendance

Reason for unsatisfactory progress

Reasons:	
Rectifications:	

Intervention Recommendation

<input type="checkbox"/> Academic skills workshops and support sessions	<input type="checkbox"/> Minimum class attendance requirement	<input type="checkbox"/> Peer support or mentoring arrangements
<input type="checkbox"/> Individual case management	<input type="checkbox"/> Personal counselling	<input type="checkbox"/> Reduced study load
<input type="checkbox"/> Changes in course enrolment	<input type="checkbox"/> Enrol in Monitoring Academic Progress (MAP)	<input type="checkbox"/> Other: (please elaborate and explain in the space below)

Proposed date for the next meeting:

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Student Declaration

- I agree to undertake the Intervention Strategies as outlined above and have been reminded of my obligations to achieve satisfactory course progress as set out in the Course.
- I understand that the study plan will alter the workload for the periods outlined and that there may be an increased workload in the future. I confirm that I have discussed these options with a representative of AIIHE and accept the strategies outlined in this form as appropriate.
- I understand the consequences of reducing my enrolment load (if required) in a given study period/semester and that this may impact my Student Visa and my expected course completion date specified on my Confirmation of Enrolment (CoE). I agree to contact Student Services if I have any questions or concerns regarding my enrolment/Student Visa/CoE.

Student Full Name:

Signature:

Date:

Follow-up Intervention Strategies – Next Interviews with the Student

Summary of discussion, updates, follow-up action and outcomes of the meeting:

Staff Name:

Position:

Signature:

Meeting Date:

Summary of discussion, updates, follow-up action and outcomes of the meeting:

Staff Name:

Position:

Signature:

Meeting Date:

Summary of discussion, updates, follow-up action and outcomes of the meeting:

Staff Name:

Position:

Signature:

Meeting Date: