**STUDENT COMPETENCY REGISTER**

Student name

|  | Comment | Strategy, if required |
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| 1. How well does the student retain new learning? |  |  |
| 2. Is the student keen to undertake independent travel? |  |  |
| 3. Does the student have a medical condition which could affect travel? |  |  |
| 4. Is the student capable of managingher/his personal possessions while travelling? |  |  |
| 5. Does the student have adequate time keeping skills? |  |  |
| 6. Is the student able to problem-solve? |  |  |
| 7. Does the student understand emergency procedures? |  |  |
| 8. Is the student able to stay attentive to the task at hand? |  |  |
| 9. Does the student articulate problems or concerns and ask for help? |  |  |
| 10. Are there any physical issues that limit or impede the student’s mobility? |  |  |
| 11. Is the student able to speak and communicate clearly with unfamiliar people? |  |  |
| 12. Are there any known triggers that will cause the student to become disoriented or distressed? |  |  |
| 13. Is the family able to provide support and assistance to help the student practice their independent travel skills? |  |  |
| 14. [INSERT OTHERS WHERE RELEVANT] |  |  |
| 15. [INSERT OTHERS WHERE RELEVANT] |  |  |

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| Further comments |
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| Signed Date |