### Student competency register

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| Student name: | | | |
|  | **Comment** | | **Strategy, if required** |
| 1. How well does the student retain new learning? |  | |  |
| 1. Is the student keen to undertake independent travel? |  | |  |
| 1. Does the student have a medical condition which could affect travel? |  | |  |
| 1. Is the student capable of managing her/his personal possessions while travelling? |  | |  |
| 1. Does the student have adequate time keeping skills? |  | |  |
| 1. Is the student able to problem-solve when under pressure? |  | |  |
| 1. Does the student understand emergency procedures? |  | |  |
| 1. Is the student able to stay attentive to the task at hand? |  | |  |
| 1. Does the student articulate problems or concerns and ask for help? |  | |  |
| 1. Are there any physical issues that limit or impede the student’s mobility? |  | |  |
| 1. Is the student able to speak and communicate clearly with unfamiliar people? |  | |  |
| 1. Are there any known triggers that will cause the student to become disoriented or distressed? |  | |  |
| 1. Has the student’s family been involved in assessing the student’s competency for undertaking the program? |  | |  |
| 1. Is the family able to provide support and assistance to help the student practice their independent travel skills? |  | |  |
| **With consideration of the risks, and the strategies put in place, is it recommended that the student participate in the program? Y  N**  Further Comments: | | | |
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| Signed | | Date | |
| Signed | | Date | |