### Student competency register

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