

Section A – Personal Details	
AIWT Student ID Number	
Family Name:	Given Name:
Date of visit:	Email:
Supervisor Name:	Employer/ Company Name:
Section B – LLN Testing	
LLN Testing	Assessor Comments
Interview at Workplace (Oral Language)	
Written sample (Literacy – Why Childcare)	
Numeracy Sample (Playdough recipe & shopping list)	
<p>Identified areas of support summary:</p>  <p>Learner support strategy and required adjustments:</p>          	
Date and AIWT Representative Signature	
Student Date and Signature	