

Functional Skills

Part A

PRE-ASSESSMENT QUESTIONNAIRE

(To aid choice of Entry Level diagnostic assessment or for supplementary information when screening)

If you are not in possession of any previous test results or qualifications, you could use the following Entry pre-assessment questionnaire to aid your decision. **Part B** can be given to the learner to complete or it may be completed by the tutor if the learner prefers this (see guidance notes for more information).

PART A (for tutor use only)

Code	14 - 15 <u>S</u> chool	16-18 <u>Y</u> oung <u>A</u> dult	19-29 <u>A</u> dult	30+ <u>M</u> ature
Special school	<u>SS</u>	Job	<u>JR</u> (read) <u>JW</u> (write) <u>JN</u> (numbers)	Absence from school
				<u>AI</u> illness <u>AD</u> disaffected

Thus a student code could read: - **YA, AD** = Person 16-18 from a non-specialist school, no employment but absent from school through disaffection.

To be used in conjunction with Part B

Tutor Use Only

To be completed by tutor in discussion with learner.

Name of Learner:.....

<p>School History: (including extended absences)</p> <p>English/Maths qualifications:</p>	<p>AGE CODE</p> <p>School S 14-15 <input type="checkbox"/></p> <p>Young Adult YA 16-18 <input type="checkbox"/></p> <p>Adult A 19-29 <input type="checkbox"/></p> <p>Mature M 30+ <input type="checkbox"/></p>
<p>Job History:</p>	<p>Special School <input type="checkbox"/></p> <p>Name of School:</p> <p>Speciality:</p>
<p>Experience of working with number: (e.g. use of number in work situation)</p>	<p>Dyslexia History <input type="checkbox"/></p> <p>ESOL <input type="checkbox"/></p>
<p>Experience of writing: (e.g. amount of writing required at work and type)</p>	<p>Suggested diagnostic assessments to be taken:</p> <p>Lit <input type="checkbox"/> E1 <input type="checkbox"/></p>

Experience of reading: (e.g. leisure and/or work)		E2	<input type="checkbox"/>
		E3	<input type="checkbox"/>
Is there any history of dyslexia?	Num	E1	<input type="checkbox"/>
		E2	<input type="checkbox"/>
Is English a second language?		E3	<input type="checkbox"/>

Assessor Name:..... **Assessor Signature:**..... **Date:**.....

PRE-ASSESSMENT QUESTIONNAIRE

(Learner to complete, with tutor help if required)

First name

Student Code

Surname/Family name

(Tutor completes after questionnaire)

What is your age?

14 - 15

☐

16-18

☐

19-29

☐

30-50

☐

50+

☐

Address

Post Code

Home Telephone Number

Mobile Number

What is the name of your last school?

(If special school, indicate)

Have you ever had a job?

Yes

☐

No

☐

Paid

☐

Un-paid

☐

If yes, did you have to read, write or use numbers?

Read

☐

Write

☐

Use numbers

☐

Did you like school?

☐

Yes

☐

No

Did you spend a lot of time away from school?

☐

Yes

☐

No

If yes, why?

☐

Illness

☐

Hated it

☐

Found the work too hard

☐

Any other _____