## **Monthly Student Progress Report**



									WISTRALIA	
Student Details										
Family Name					Given Name					
Student Number					Enrolment Status					
Year Group			STU101		Email			@student.campion.edu.au		
Lagraina Chilla Dai										
Learning Skills Details										
Study Skills Advisor's Name										
Academic Mentor'										
Period		Date of Sul				Submissio	n			
Assessment										
Assessificit										
Has the student attended sessions with the Study Skills Advisor?										
Which learning issues are being addressed and how?										
Has the student made any visible progress? If not, why?										
What are the student's goals?										
What are the areas for future discussion?										
Has the student raised/discussed any specific issues concerning his/her learning abilities?										
Which is/are the subject(s) the student finds challenging? Why?										

Please turn over page for additional comments.

Supplementary Notes Additional notes on student's monthly progress.									
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