Client Needs Summary

Evolution Hospitality Institute

RTO # 91256 CRICOS 02869G

Student Name:_____ Student Number_____

Contact Phone Number:_____

Date of Request____/_____/_____

Please tick

1. Assistance with translating your native language

   Language_____ ☐

2. Assistance in English Proficiency
   a. Speaking ☐
   b. Writing ☐
   c. Listening ☐
   d. Reading ☐

3. Assistance in developing numeracy skills
   a. Arithmetic ☐
   b. Ratio ☐
   c. Calculus ☐

4. Other request-

   _____
   _____
   _____
   _____
   _____

ADMIN USE ONLY

Internal Source: _____ External Source:_____

Student contacted within 5 days of receiving application:_____

Outcomes:_____
_____
_____
_____signed:_____

Review Date:_____/_____/_____