

DEEWR – DIAC Course Progress Policy and Procedures for CRICOS Providers of VET Courses

This policy must be read in conjunction with the adjoining explanatory notes

1. The National Code 2007

1.1 Under Standard 11.2 of the National Code 2007, a provider who implements the DIIRTE-DIAC Course Progress Policy and Procedures for its vocational education and training (VET) courses is **not** required for ESOS purposes to monitor attendance for those courses.

2. Indicating the decision to implement the DEEWR-DIAC Course Progress Policy and Procedures

2.1 A provider who chooses to implement the DEEWR-DIAC Course Progress Policy and Procedures must implement the policy and procedures for **all** of its CRICOS registered VET courses. The provider registers this choice through PRISMS.

3. Policy

3.1 The provider must monitor, record and assess the course progress of each student for the course in which the student is currently enrolled.

3.2 The provider must assess each student's progress at the end of each compulsory study period. While the length of a study period is determined by the provider, study periods are usually terms or semesters. Ten weeks is usually considered the minimum length of time in which it is reasonable for the provider to make an assessment of a student's course progress. For the purposes of this policy, the maximum length for a study period is six months.

Where a provider does not divide courses into study periods, course progress must be monitored at least every six months.

3.3 Unsatisfactory progress is defined as not successfully completing or demonstrating competency in at least 50% of the course requirements in that study period.

The provider must define course requirements for each study period and be able to identify when a student has not passed or demonstrated competency in 50% or more of the course requirements. The course requirements for each study period must also be made clear to the student at the start of the course, or if variable, each study period.

3.4 The provider must have an intervention strategy for any student who is not making satisfactory course progress. It must be made available to staff and students and must specify:

- i. procedures for contacting and counselling students;
- ii. strategies to assist identified students to achieve satisfactory course progress; and
- iii. the process by which the intervention strategy is activated.

3.5 The intervention strategy must include provisions for:

- i. where appropriate, advising students on the suitability of the course in which they are enrolled;

- ii. assisting students by advising of opportunities for the students to be reassessed for tasks in units or subjects they had previously failed, or demonstrate the necessary competency in areas in which they had not been previously able to demonstrate competency; and
- iii. advising students that unsatisfactory course progress in two consecutive study periods for a course could lead to the student being reported to DIAC.

3.6 At the end of each compulsory study period, students must be assessed against the course progress policy. If a student is identified for the first time as not making satisfactory course progress, the intervention strategy as outlined in 3.4 is implemented. The intervention strategy must be activated within the first four weeks of the following study period.

However, if a provider identifies that a student is at risk of making unsatisfactory course progress before the end of the study period, the provider is encouraged to implement its intervention strategy as early as practicable.

3.7 If a student is identified as not making satisfactory course progress in a **second consecutive compulsory** study period in a course, the provider must notify the student of its intention to report the student to DIAC for unsatisfactory progress. The provider does this through the written notice described in 3.8.

3.8 The written notice (of intention to report the student for unsatisfactory progress) must inform the student that he or she is able to access the registered provider's complaints and appeals process under Standard 8 and that the student has 20 working days in which to do so. A student may appeal on the following grounds:

- i. provider's failure to record or calculate a student's marks accurately,
- ii. compassionate or compelling circumstances, or
- iii. provider has not implemented its intervention strategy and other policies according to its documented policies and procedures that have been made available to the student.

3.9 Where the student's appeal is successful, the outcomes may vary according to the findings of the appeals process.

- i. If the appeal shows that there was an error in calculation, and the student actually made satisfactory course progress (successfully completed more than 50% of the course requirements for that study period), the provider does not report the student, and there is no requirement for intervention.
- ii. If the appeals process shows that the student has not made satisfactory progress, but there are compassionate or compelling reasons for the lack of progress, ongoing support must be provided to the student through the provider's intervention strategy, and the provider does not report the student. [See adjoining explanatory notes]

3.10 Where:

- i. the student has chosen not to access the complaints and appeals processes within the 20 working day period,
- ii. the student withdraws from the process, or
- iii. the process is completed and results in a decision supporting the registered provider (ie. the student's appeal was unsuccessful) the registered provider must notify the Secretary of DEEWR through PRISMS as soon as practicable of the student not achieving satisfactory course progress.

4. Procedures

The administrative arrangements and student management systems will vary between providers, as will providers' approaches to the procedures for implementing the DIISRTE-DIAC Course Progress Policy.

Consequently, each provider who chooses to implement the DIISRTE-DIAC Course Progress Policy must write a procedure which demonstrates how the policy will be implemented. This document must be made available to staff and students (in paper or electronic form) together with a copy of this policy.

When creating the procedures document, providers are advised to incorporate their answers to the following questions:

WHO is responsible for each of the steps?

For example, who is responsible for defining the workload for the study period, checking progress, deciding that the student is at risk, implementing the intervention strategy, informing the student of the provider's intention to report, hearing an appeal, and reporting the student through PRISMS? Will different staff be required to take responsibility for the different steps? Will all staff involved be responsible for maintaining records of their part in the process, or will this be managed centrally?

WHEN will each step take place?

Will the intervention strategy be implemented earlier than the end of the study period or is the entire study period required in order to assess the student's progress? The student must be allowed 20 working days in which to initiate a complaint or appeal – has this requirement been considered when drafting the procedures document?

HOW will each step take place?

Will the student management system automatically alert staff to students at risk of making unsatisfactory progress, or will progress need to be checked manually? How will students be informed of the provider's concern for the student's progress or intention to report the student? Are there pro forma letters which can be modified manually or generated by the system? How and where will records of interventions, appeals processes and reporting be maintained?