



Assessment Resource Pack: xxxcode – xxx name

Assessment Introduction

Welcome to the assessment process for unit of competency (unit/course).

This document is to be used when completing your assessment tasks and includes:

- An outline of the assessments tasks you are required to complete
- Instructions for completion of the assessment
- Submission instructions

Assessment Tasks

Assessment for the course (unit/course). is made up of the following assessment tasks:

- Written questionnaire
- 2 x workplace projects
- Assessment record book – testimonial from supervisor

It is a requirement that you complete all assessment activities to successfully complete the unit of competency.

Certification

Upon successful completion of these assessments you are entitled to receive a Statement of Attainment for the following units of competency:

- (unit/course).

Assessment Instructions

Please complete each of the assessment tasks as outlined in this assessment tool.

Please label and number each of your responses to the assessment instruments.

Submission Instructions

When you have completed the assessment instruments, please forward to :

Attn:

**Michael Beanland
Perth Boat School
P.O Box 534
Balcatta WA 6914**



Assessment Cover Sheet

Please complete this cover sheet and post it with your completed assessment. It is strongly recommended that you also keep a copy of your completed submitted assessment.

PERSONAL DETAILS :	
Name:	Student Number:
Postal Address:	
Phone /Mob No:	Email:

COURSE DETAILS :			
Course:	(unit/course).		
Date:		Trainer:	
Do you require any special considerations for this assessment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please explain:</i>			
.....			
.....			

SUPERVISOR DETAILS :	
Name:	
Job Title:	
Phone /Mob No:	Email:
<i>I endorse that the work contained in this assessment is that of the students:</i>	
<i>Signature: Date:</i>	

STUDENTS DECLARATION OF AUTHENTICITY :	
<i>I hereby declare that the evidence submitted in this assessment is my own work.</i>	
<i>I agree to allow The RTOs to contact my supervisor to discuss my assessment.</i>	
<i>Signature: Date:</i>	



CANDIDATE FEEDBACK ON ASSESSMENT					
<p>The RTO is committed to quality training, customer service and the continuous improvement of those services. As such we are interested in and appreciate your feedback.</p> <p>Please assist us in our continuous improvement processes by taking the time to rate and/or comment on each of the following.</p>					
	Poor	Less than average	Average	Good	Excellent
How well the assessor explained the assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of the assessment to the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the purpose of the assessment was explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of assessment questions in written instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your feedback and continuous support of THE RTO. We will use your feedback in the evaluation of its ongoing services and continuous improvement processes.



Assessment Instrument outline

The following is a description of each of the assessment instruments you are required to complete for this unit.

Assessment Instrument	Brief description of the Assessment task
Assessment 1 xxxxxxx	This assessment is a written questionnaire. This assessment requires you to provide answers to each of the questions. It allows the assessment of your underpinning knowledge to the unit of competency.
Assessment 2 xxxxxxxxxxx	This assessment is a workplace project that you are required to complete. You are required to plan and organise <u>two</u> different assessment episodes. It involves developing an assessment plan and gathering all relevant resources and materials for each episode. (Note - you may be undertaking this as assistance to another person who may conduct the assessment).
Assessment 3 xxxxxxxxxxxxx	This assessment is an assessment record book. It requires your workplace assessor / supervisor to provide feedback and testimonial evidence that they have witnessed you in undertaking the tasks of the unit of competency. Essentially this assessment requires your workplace assessor/supervisor to sign their endorsement of your work.

Assessment Instrument Map

The following table represents how each of the assessment instruments is designed to help you gather evidence against each of the elements and performance criteria of the unit.

Element:	Instrument		
	1	2	3
Xxxxxxxx	√	√	√
Xxxxxxx	√	√	√
Xxxxxxxxxx	√	√	√
xxxxxxxxxxxxx	√	√	√



Assessment Instrument 1 – (xxxxxxxxxx) Questioning of Required Knowledge

Candidate name: _____		Unit of competency: (unit/course).	
RTO or workplace: _____		Name of assessor: _____	
Questions to be answered by the candidate:	Satisfactory response		
	Yes	No	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input type="checkbox"/>	<input type="checkbox"/>	



Candidate name: _____

Unit of competency: (unit/course).

RTO or workplace: _____

Name of assessor: _____

The candidate's required knowledge was:

Not satisfactory

Satisfactory

Feedback to candidate:

Assessor signature: _____

Date: _____

Candidate signature: _____

Date: _____



Assessment Instrument 2

xxxxxxxxxxxxxx

Workplace Project This assessment is a workplace project that you are required to complete. You are required to plan and organise two different assessment episodes. It involves developing an assessment plan and gathering all relevant resources and materials for each episode. (Note – you may be undertaking this as assistance to another person who may conduct the assessment).

This project requires you to plan and organise an assessment in your workplace, against a unit of competence from xxxxxxxxxxxx Training Package.

In accordance with the requirements of the TAA Training Package you will need to xxxxxxxxxxxxxxxxx.

1. xxxxxxxx

a xxxxxxxxx.

b xxxxxxxxx.

i) xxxxxxxx.

2. xxxxxxxx.

a xxxxxxxxx.

b xxxxxxxxx :

3. xxxxxxx.

a xxxxxxx.

b xxxxxxxxx.



Assessment Instrument 3

XXXXXXXXXXXX

Assessment record book This assessment is an assessment record book. It requires your workplace assessor / supervisor to provide feedback and testimonial evidence that they have witnessed you in undertaking the tasks of the unit of competency. Essentially this assessment requires your workplace assessor/supervisor to sign their endorsement of your work.

For this assessment a workplace assessor is required to provide a feedback on your performance in undertaking tasks in this unit of competency. They may undertake observation of your skills whilst you are completing your workplace project or in another assessment that you plan and organise.

Please provide a copy of this instrument to you nominated workplace assessor. Discuss the requirements of this instrument and your learning and assessment journey in completing this unit of competency.

Information for the Supervisor

Introduction

This Assessment Record Book (ARB) has been specifically designed to assist you provide the relevant feedback and record of observation you have undertaken of the student in demonstrating their competency against this unit of competency (unit/course).

This instrument will record the students on-the-job demonstration of satisfactory workplace performance in relation to this unit.

For the purposes of this assessment record book, a supervisor is any person who works directly with the student in the workplace, overseeing them in the planning and organising of assessments. It is desirable that you are also a workplace assessor.

As the supervisor you do not need to hold assessor qualifications. Your role is to verify the evidence that the student has performed the tasks. You must personally observe the task performed by the student. By ticking the boxes and signing the summary, you are stating that you have observed each item contained in the “critical evidence” section.

It is important to note that you are not assessing them as competence, merely providing further testimonial and observation evidence that the tasks have been undertaken.

What is the structure of the training and assessment?

The Assessment Record Book

This instrument will be used to record the “on-the-job” evidence that is required when making a judgement of the student’s performance against the unit of competency. It contains a number of tasks that the trainee must complete. All tasks must be completed. When each task is



completed the required number of times, this record can be used as evidence towards the demonstration of the student's competency for the qualification.

What do you have to do?

Your role is to verify that the student has performed the tasks to the level expected in the workplace. You are required to:

- Observe the student completing each task at least twice. Each observation must be a separate episode against a separate unit of competency.
- Record that you are satisfied that the performance was to the standard expected in the workplace.
- Record that the task was completed with professionalism.
- Record that the student displayed a positive attitude and work ethic.
- Complete the task checklist as critical evidence that you have observed the demonstration and completion of all tasks.
- Tick each box to verify that each item has been addressed by the student.
- Complete the "summary of evidence" sections for each of the unit/s of competency you observe.
- Sign and print your name under the summary to confirm and verify that the information provided is true and correct.

**** Please note:** An integral component of the assessment process is that each task is to be completed on more than one occasion. This will assist to prove consistency, reliability and validity of the final assessment judgement as made by THE RTO assessors.



Student Details

Students Name: _____

Workplace Assessor / Manager's / Supervisor's Details:

Workplace assessors/
Manager's/Supervisor's /
Name: _____

Years in current position _____

Relationship to Student
(eg Manager) _____

Phone: _____

Mobile: _____

Fax: _____

Email: _____

For verification purposes you may be contacted by the Students assessor to confirm or elaborate on areas of the Student's competence. Please tick your preferred mode of communication.

Phone

Mobile

Fax

Email

Declaration:

I hereby declare that I have observed the Student at work perform tasks in the area of competence as covered by the Units of Competency.

I believe that the Student performs to the appropriate industry standard as outlined in the competencies.

Signature

Date:



Unit of competency	xxxxxxxxxxxxx
Description	This unit specifies xxxxxxxxxxxxxx.
	This is a Core Unit
Context / Requirements	The student will be observed in xxxxxxxxx.
Frequency Requirements	This competency is required to be assessed on two separate occasions.

**** Please note:** All critical evidence statements for an element must be demonstrated at the one time, for the competence of the student to be deemed satisfactory on each occasion.

Element 1	xxxxxxxxxxx	Occasion	
Critical Evidence		1	2
Did the Student:			
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>

Element 2	xxxxx	Occasion	
Critical Evidence		1	2
Did the Student:			
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>
• xxxxx		<input type="checkbox"/>	<input type="checkbox"/>

Element 3	xxxxxxxxxxxxxxx	Occasion	
Critical Evidence		1	2



Did the Student:		
• XXXXX	<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX	<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX	<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX	<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX	<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX	<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX	<input type="checkbox"/>	<input type="checkbox"/>

Element 4	xxxxxxxxxxxxxxxx	Occasion	
Critical Evidence :		1	2
• XXXXX		<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX		<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX		<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX		<input type="checkbox"/>	<input type="checkbox"/>
• XXXXX		<input type="checkbox"/>	<input type="checkbox"/>

Summary of Evidence		
Occasion # 1	Date:	
	Summary of task:	
	Supervisor Signature: <i>I have observed the critical evidence for this task:</i>	Student Signature:

Summary of Evidence		
Occasion	Date:	



# 2	Summary of task:	
	Supervisor Signature: <i>I have observed the critical evidence for this task:</i>	Student Signature:

Assessor Use only (THE RTO) :		
Feedback:		
Evidence is: <input type="checkbox"/> Valid <input type="checkbox"/> Reliable <input type="checkbox"/> Sufficient <input type="checkbox"/> Authentic	The evidence has been assessed as: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory	Assessor's Signature: Date: