



Verbal / Written Assessment Checklist

Unit Name

Candidate Name:		Student number:	
Candidate Details:			
Unit of competency :			
Assessor Name:			
2nd Assessor Name:			
Location of Assessment		Date of assessment	

Questions
Q1.
Q2.
Q3.
Q4.
Q5.
Q6.
Q7.
Q8.
Q9.
Q10.



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Acceptable answers are:	Satisfactory response	
	Yes	No
Q1.	<input type="checkbox"/>	<input type="checkbox"/>
Q2.	<input type="checkbox"/>	<input type="checkbox"/>
Q3.	<input type="checkbox"/>	<input type="checkbox"/>
Q4.	<input type="checkbox"/>	<input type="checkbox"/>
Q5.	<input type="checkbox"/>	<input type="checkbox"/>
Q6.	<input type="checkbox"/>	<input type="checkbox"/>
Q7.	<input type="checkbox"/>	<input type="checkbox"/>
Q8.	<input type="checkbox"/>	<input type="checkbox"/>
Q9.	<input type="checkbox"/>	<input type="checkbox"/>
Q10.	<input type="checkbox"/>	<input type="checkbox"/>
The candidate's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Feedback to candidate:		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>		
Candidate Signature:		Date:
Assessor Signature		Date: