

STUDENT DECLARATION (Re-Assessment)

I confirm that this is my own work. I understand that there are penalties if this assessment is submitted after the stated due date, unless I have otherwise received approval for an extension to the due date. I accept that *if* my assessment is kept on campus it will only be kept for 12 months and in this time I can request to view my marked assessment. After the 12 month period it will be destroyed.

Also, I was made aware that I had the opportunity to discuss my first assessment attempt to understand what is required of me to meet the competency of this assessment task.

Signature of Student: _____

Date: ____/____/____

TEACHER USE ONLY

RE-ASSESSMENT OUTCOME

NAME OF 2nd ASSESSOR _____

OUTCOME
(please circle)

Competent:

I confirm that I observed the learner demonstrate the skills with the elements, performance criteria, critical aspects for assessment and required skills for this assessment task.

Not Yet Competent:

Student Case presented to College Management for further action

COMMENTS

RESULT GIVEN TO
ADMINISTRATION FOR
PROCESSING

____/____/____

Administrator Name: _____

2nd Assessor Signature: _____

Date: ____/____/____

ADMINISTRATION USE ONLY

ADMINISTRATION (Re-Assessment Acknowledgment)

Results Recorded on Database ____/____/____

COMMENTS

Administration Signature: _____

Date : ____/____/____