



# THEORY ASSESSMENT COVER SHEET

## STUDENT DETAILS

STUDENT NAME \_\_\_\_\_

PHONE NUMBER AND EMAIL \_\_\_\_\_  I.D. Checked  
Phone Number Email

## SUBMISSION DETAILS

MODULE NAME \_\_\_\_\_

ASSESSMENT TYPE  
(please tick)

- Theory Exam
- 1<sup>st</sup> Sitting
- Re-Sit – Partial exam
- Re-Sit – Whole exam

- Assignment (name): \_\_\_\_\_
- 1<sup>st</sup> Submission
- Re-submission

NAME OF TEACHER \_\_\_\_\_

TERM  Term 1  Term 2  Term 3  Term 4 YEAR \_\_\_\_\_

DUE DATE / EXAM DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## STUDENT DECLARATION

I confirm that this is my own work and has not been plagiarised from any sources or completed by any other person than the individual stated above.. 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 have kept a copy of my work (applicable to assignments only). I understand this assessment will not be returned to me. I accept that *if* my assessment is kept on campus it will only be kept for 2 weeks and in this time I can request to view my marked assessment.

Student Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_/\_\_\_\_/\_\_\_\_

TEACHER / ADMINISTRATION USE ONLY

## ASSESSMENT OUTCOME

NAME OF ASSESSOR \_\_\_\_\_

OUTCOME  **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**

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESULT RECORDED ON ROLL  \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT INFORMED:  Yes  No

Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received feedback from my teacher  Student Signature: \_\_\_\_\_

## ADMINISTRATION

RESULTS RECORDED ON DATABASE \_\_\_\_/\_\_\_\_/\_\_\_\_ Administration Signature: \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Assessment Modification

Assessment tool/s being modified:

- This section must be used to document any assessment modifications required as a result of LLN or any other legitimate needs.
- Please ensure that you provide specific details of how and why you modified the assessment and the outcomes.
- Ensure that any modification is consistent with the required outcomes of the training specification.

### 1. Why was the assessment modified?

(Specify LLN or other need that required you to modify the assessment.)

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### 2. How was the assessment modified?

(Specify exactly how the modification was made, include examples of instructions or questions that you provided.)

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### 3. Student response

(Specify exactly what the student did in order to respond to the modified instructions. Include examples of oral response or skill that was demonstrated.)

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### 4. What was the outcome?

(Specify whether student is C or NYC. If the student is deemed competent in only parts of the assessment, specify which parts.)

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