

STUDENT DETAILS	
STUDENT NAME	_____ / _____
STUDENT CONTACT NUMBER AND EMAIL	_____ / _____ <i>Contact Number Email</i>

SUBMISSION DETAILS	
MODULE NAME	_____
ASSESSMENT TYPE <i>(please tick)</i>	<input type="checkbox"/> Practical Exam
NAME OF TEACHER	_____
TERM	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 YEAR
DUE DATE / EXAM DATE	____ / ____ / _____

STUDENT DECLARATION	
I confirm that I have read and understood the instructions for this assessment. I confirm that this is <i>my own work</i> . I understand that there are penalties if this assessment is completed after the stated due date, unless I have otherwise received approval for an extension to the due date.	
Signature of Student:	Date of Submission: _____ / _____ / _____

TEACHER USE ONLY

ASSESSMENT OUTCOME	
NAME OF 1 st ASSESSOR	_____
OUTCOME	<input type="checkbox"/> 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.
	<input type="checkbox"/> Not Yet Competent - Date of Re-Assessment: ____ / ____ / ____ - Student Re-Assessment Brief Given: <input type="checkbox"/>
COMMENTS	_____ _____ _____
RESULT RECORDED ON ASSESSMENT ROLL	<input type="checkbox"/> ____ / ____ / ____
1 st Assessor Signature:	Date: _____ / _____ / _____

STUDENT DECLARATION (Re-Assessment)

I confirm that I have read and understood the instructions for this assessment. I confirm that this is *my own work*. I understand that there are penalties if this assessment is completed after the stated due date, unless I have otherwise received approval for an extension to the due date.

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 : _____/_____/_____