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| **Candidate Name:**  **Individual assessment**  **S12**  **ID: Number:** |

**Individual assessment S12**

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| **Assessment Description:** | **Plan, design, develop, assess, review and validate the implementation progress of your WPR project in country. Reflect and report on the outcome of the embedding process and the effect that the project has had on all key stakeholders.** |
| **Due date:** | Week 14 |

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| **Purpose of Assessment:**  To **design and develop an assessment plan based on your Work Plan Return Project (WPR) implementation process during phase1. Your plan will be used to assess how your teaching staff or candidates have implemented and embedded practices identified in the WPR within their work environment. To capture the information you will need to develop a simple assessment tool and instrument based on your WPR benchmarks and outcomes.**  **Once your information has been gathered you will be required to evaluate and review data and then provide a reflection of the outcomes identified and provide recommendations for continued improvement to further embed the program. Validate the project outcomes identified with your peers and /or Managers (using the validation template used in S11).** |

**Assessment Method:**

You will need to provide a reflective report on the assessment journey of your WPR project, the benefits that the program has been able to achieve ( if any) or recommendation for how you could improvement the WPR implementation and or embedding process to ensure ongoing continuity and improvement in the development of your teaching staff.

**Instructions:**

From information contained within your WPR and using copies of the templates used in module 3 you are required to plan, assess, review and validate the WPR project program.

**Assessment Plan – Template used in (S8)**

The following pro-forma should be used as a basic guide only. You can alter it to suit your particular circumstances.

Title of unit/s of competency or benchmark:

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Unit of competency codes:

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Contextualisation of the unit of competency:

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Purpose/s of assessment:

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Profile of target group of candidates to be assessed:

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Names of assessors:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Location of assessment:

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OHS Assessment Risks identified (High- Moderate – Low) and appropriate actions and reports completed.

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Methods of assessment:

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Assessment tools (assessment instruments and procedures) to be used:

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Materials/resources needed for assessment including equipment, supplies, documentation, supports, and resources for volunteers with special needs:

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Guidance on reasonable adjustments for candidates with special needs that may be made in the assessment process without compromising the benchmark standards:

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Evidence required (critical aspects of evidence from the unit of competency):

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Special arrangements/contexts for assessment (e.g. OHS assessment tasks and control strategies, access and equity, organisational procedures and documentation):

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Timeline for assessment:

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Effective communication strategy to inform learners about assessment processes:

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Reporting requirements for assessment:

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Assessment arrangements confirmed with appropriate personnel:

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**Assessment Tool / Instrument Template used in (S9)**

**Instructions for the Candidate**

1. The purpose of the assessment:
2. Unit of competency to be assessed:
3. Assessment tasks (such as procedures to be followed, products to be made, required knowledge):
4. Assessment methods (such as observation of performance, inspection of finished products, oral/written questions, third party report):
5. Any legal and ethical responsibilities associated with the assessment, including relevant occupational health and safety regulations and procedures.

1. Any evidence the candidate needs to gather for the assessment (such as work samples or third party reports):
2. The schedule and duration for completion of assessment:
3. The appeals process for the Registered Training Organisation:

* Appeal in writing (letter/form stating case for appeal):
* Appeal heard by (independent person or panel):
* Appellant informed of decisions and reasons in writing in this timeframe:
* RTO will act on any appeal found to be substantiated.

**Direct observation checklist (assessment tool & instrument)**

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| Procedures for the Unit Assessor:   * Prepare the candidate/s for assessment with a pre-assessment briefing and provide the candidate/s with a copy of the Assessment **Instructions** * Make sure the assessment environment is safe for the candidate/s, Assessor and other personnel during the assessment * Conduct the assessment by observing and recording the performance of the candidate/s, carries out the assessment task according to the instructions provided * Record an outcome * Ensure that both the Unit Assessor and volunteer sign and date this checklist |

Candidate/s name/s:

Unit of Competency:

Assessment Task:

**Checklist template:**

| Element & Performance Criteria | Skills and procedures to be performed (including OHS requirements) | Comments on the candidate’s performance | Satisfactory | |
| --- | --- | --- | --- | --- |
| Yes | No |
| *1* | *Example:*Workspace, furniture and equipment adjusted to suit user ergonomics requirements for the organisation |  |  |  |
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**Required knowledge questions Template**

| Element & Performance Criteria | **Oral questions (to be answered by the volunteer)** | **Satisfactory** | |
| --- | --- | --- | --- |
| **Yes** | **No** |
|  | Q1.  Typical response: |  |  |
|  | Q2.  Typical response: |  |  |
|  | Q3.  Typical response: |  |  |
|  | Q4.  Typical response: |  |  |
|  | Q5.  Typical response: |  |  |
|  | Q6.  Typical response: |  |  |

**The candidate/s performance:**

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| --- | --- | --- | --- |
| Meets requirements | ❑ | Further Evidence required | ❑ |

If performance requires further evidence indicate what is required:

|  |  |
| --- | --- |
| Assessor’s name: | Candidate’s name: |
| Assessor’s Signature: | Candidate’s Signature: |
| Date: | Date: |

**Validation Meeting Report use in (S11)**

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| RTO: | | | |  | | **Region:** | | |  |
| Members Present: | | | |  | | | | | |
| **Meeting Date:** | | | |  | | Assessment context: | | | On-the-job |
| Unit(s) of Competency/Qualification: | | | |  | | | | | |
| List the documents presented for validation where appropriate: | | | | | | | | | |
| Trainer Guidelines: | | **Assessment Tools:** | | | | | **Examples of Assessment Evidence:** | | |
|  | |  | | | | |  | | |
| Summary of results | | | | | | | | | |
| **Trainer Guidelines:** | | | **Validated Yes No**  **Comments** | | | | | | |
| **Assessment Tools:** | | | **Validated Yes No**  **Comments** | | | | | | |
| **Assessment Evidence:** | | | **Validated Yes No**  **Comments** | | | | | | |
| **Continuous Improvements:** | | | **Validated Yes No**  **Comments** | | | | | | |
| Training Officer | Signature | | | | Date | | | Copy to be sent to Training Department | |

**Reflective Report**

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| **Assessment Task Decision:** | **Meets requirements**  **Further evidence required** |
| **Comments:** | |

**Assessor: Date:**

|  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | ***Assessment task covers criteria from:***  ***TAEASS401B – Plan assessment activities & processes***  ***TAEASS402B – Assess competence***  ***TAEASS403B – Participate in assessment validation***  ***TAEASS502B – Design & develop assessment tools*** | ***Elements 1,2,3***  ***Elements 1,2,3,4,5,6***  ***Elements 1,2,3***  ***Elements 1,2,3,3*** | ***Checked*** | |  |