|  |
| --- |
| **Candidate Name/s**:**Group assessment****S9****ID: Number/s:** |

**Group Assessment S9**

|  |  |
| --- | --- |
| **Assessment Description:** |  **Develop two assessment tool/ instruments that can be used for the assessment plan develop in Assessment Task S8** |
| **Due date:** | Week 10 of program  |

|  |
| --- |
| **Purpose of Assessment:** Continue working in the same group as per Assessment task S8, your group are now required to develop two simple assessment instruments using the provided checklist templates to meet the needs of the target group undertaking assessment of BSBCMM401A Make a presentation.You will use both assessment instruments to collect evidence of the target group during further presentation activities undertaken within the workshop program, Field visits and presentations by guest speakers. |

**Assessment Method:**

The group will be assessed by observation and the assessment marking guide during the planning and documentation stage of the assessment plan process. Further assessment of your underpinning knowledge will be undertaken when your group gives a 15 minute presentation and report on the collection of evidence from target groups.

**Instructions:**

Develop your simple assessment instruments following the generic outline and guidelines contained within the template.

Your group will need to reference the Unit of competency and relevant previous workshop notes on plan assessment activities and processes, assess competence and design and develop assessment tools.

The group will have 30 minutes to design & develop each of the assessment instruments, accessing relevant benchmarks, ensuring organisational, legal and ethical guidelines and requirements have been met and assessment instruments are contextualised to meet the needs of all stakeholders and candidates.

**Assessment Tool / Instrument**

**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)**

|  |
| --- |
| 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 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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:**

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |

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

**Assessor: Date:**

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