 ***Educate. Learn. Empower. Lead***

**OBSERVATION CHECKLIST**

**[Unit code and title here]**

|  |  |
| --- | --- |
| **Course Code** |  |
| **Course Name** |  |
| **Unit Code:** |  |
| **Unit Title:** |  |
| **Student Name:** |  |
| **Assessor/s:** |  |
| **INSTRUCTIONS FOR ASSESSEE:**  For this assessment you are required to be directly observed while you:  During the assessment I will observe you completing the task and will make notes on a checklist. I will stop the assessment on occasion to ask questions or to get you to repeat an action, or ask you to explain what and why you are doing something. I will tell you when to continue with the assessment task. | |

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| **ELEMENT OF COMPETENCY** | | **PERFORMANCE CRITERIA** | **OBSERVATION OF PERFORMANCE** | **COMPETENT**  **Y N** |
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| **RULES OF PERFORMANCE OBSERVATION** | | | | **COMPETENT**  **Y N** |
| **Valid** |  | | |  |
| **Sufficient** |  | | |  |
| **Current** |  | | |  |
| **Authentic** |  | | |  |
| **Competent 🗌 Not Yet Competent 🗌** | | | | |
| **Reassess Plan Date** |  | | | |
| **Student Signature** |  | | | **Date:** |
| **Assessor Signature** |  | | | **Date:** |
| **Third Party Supervisor**  **Signature**  **(If applicable** |  | | | **Date:** |
| **Assessor Comments** |  | | | |
| **Student Comments** |  | | | |