## Assessment Coversheet / Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This must be attached to each assessment. Please ensure that all sections are completed correctly before submission. (If submitted electronically attach this file in MS Word format.) | | | | | | | |
| Course | | TAE50111 Diploma of Vocational Education and Training | | | | | |
| Cluster | | Delivery & Facilitation | | | | | |
| Units | | TAEPDD501A Maintain and enhance professional practice  TAEDEL502A Provide advanced facilitation practice  TAEASS501A Provide advanced assessment practice | | | | | |
| Student Details and Declaration | | | | | | | |
| Student Name | |  | | | Student ID |  | |
| E-mail Address | |  | | | Phone Number |  | |
| ***If this assessment was completed by a group, include names and contact details of each member below***  I/We declare that this submission is an original piece of work and does not contain any material that has previously been submitted for assessment in this or any other unit. I/We declare that no part of it has been copied from any other students’ work or from any other source except where due acknowledgement is made explicitly in the text. I/We further declare that no part of this submission has been written or completed by persons other than those whose names are included below. | | | | | | | |
| ☐ | *I agree that in submitting this electronically I knowledge that the above declaration is true.* | | | | | | |
| *OR*  ***Signature*** |  | | | | | | |
| Name | | | Student ID | Name | | | Student ID |
| 1) | | |  | 2) | | |  |
| 3) | | |  | 4) | | |  |

## Assessment Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment Task/s | | Assessed | | | SC/NYC |
| Teaching Practicum | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | | Final Result | | |  |
| Feedback | | | | | |
|  | | | | | |
| Resubmission required | | No | Yes | Date Due | |
| |  | | --- | |  | | | | | | |
| Assessor Name |  | | | | |

## Assessment Submission

|  |  |  |
| --- | --- | --- |
| Your assessment submission contains the following: | Student to complete  Submitted  (Y/N) | Assessor to complete  Grade  (SC/NYC) |
| 1. **HARD copy required**    1. **Signed** hard copy of the ***Practicum Log COVER Sheet*** |  |  |
| **ELECTRONIC copy of *Practicum\_Log.xls* required for the following:** | | |
| 1. ***Reflection Journal - Questions*** - Your current work and practice in the VET sector - |  |  |
| 1. ***Professional Development*** |  |  |
| * 1. ***Professional Development Activity*** containing 3 activities plus 3 separate reports |  |  |
| 1. ***Practice Log – Facilitation Practice*** - *summary* *recording* the following: |  |  |
| * 1. minimum of 100 hours of GROUP facilitation (RTO or National Accredited training) |  |  |
| * 1. observations of YOUR facilitation practice by a peer (a minimum of 10 hours) |  |  |
| * 1. observations of a PEER’s facilitation practice by you (a minimum of 2 sessions) |  |  |
| * 1. Sign off by Peer (name only required) |  |  |
| 1. ***Facilitation Reflection Journal*** (each *reflective statement* approximately 300 words) | | |
| * 1. minimum of six (6) personal reflections on your facilitation |  |  |
| * 1. minimum of six (6) personal reflections on learners with complex learning needs |  |  |
| * 1. A summary reflective statement on your facilitation |  |  |
| 1. ***Facilitation Observation Sheets*** with Personal Reflections | | |
| * 1. observations of YOUR facilitation practice by a peer (a minimum of 10 hours) containing reflection regarding the discussion with the peer |  |  |
| * 1. observations of a PEER’s facilitation practice by you (a minimum of 2 sessions) containing reflection regarding the discussion with the peer |  |  |
| 1. ***Practice Log – Assessment*** *- summary* *recording* the following: | | |
| * 1. assess a minimum of 20 students AGAINST a minimum of 50 units of competency |  |  |
| * 1. observations of YOUR assessment practice by a peer (a minimum of 1) containing reflection regarding the discussion with the peer |  |  |
| * 1. observations of a PEER’s assessment practice by you (a minimum of 1) containing reflection regarding the discussion with the peer |  |  |
| * 1. a minimum of 10 individual student assessment feedback sheets, including a report that summarises, analyses and makes recommendations based upon the feedback |  |  |
| 1. ***Assessment Reflection Journal*** (each *reflective statement* approximately 300 words) | | |
| * 1. personal reflection on your own assessment practice (a minimum of 6) which includes a summary reflective statement about your assessment practice |  |  |
| 1. ***Third-Party Assessment Observation*** (2 in total) | | |
| * 1. observation of YOUR assessment practice by a peer (a minimum of 1) with reflection regarding the discussion with the peer |  |  |
| * 1. observation of a PEER’s assessment practice by you (a minimum of 1) with reflection regarding the discussion with the peer |  |  |
| 1. ***Validation Meeting*** | | |
| * 1. Lead assessment among a group or team of assessors, consisting of at least five (5) individuals and demonstrate how that leadership has led to improved processes and outcomes |  |  |