## Completion of Competency Record

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| --- | --- | --- | --- | --- |
| **Student Name** |  | | | |
| **Assessor Name (TAE Student)** |  | | | |
| **Unit Code and Title** |  | | | |
| After assessment instrument have been completed, the competency record should be completed and signed by the assessor, the workplace supervisor (if applicable) and student. If competency is not achieved at the first attempt, strategies to address gaps in performance need to be identified and times for reassessment arranged. | | | | |
| **Assessment Tasks (please list)** | | | | **Result** |
|  | | | | Satisfactory  Not Satisfactory |
|  | | | | Satisfactory  Not Satisfactory |
|  | | | | Satisfactory  Not Satisfactory |
| **The evidence presented is:** |  | **Valid Sufficient Authentic Current** | | |
| **Feedback to student and remedial actions required** |  | | | |
| **Final Result** | **Competent**  **Not Yet Competent** | | **Date** |  |
| **Student Declaration**  I agree with the assessment judgement and all remedial actions (if appropriate) | | | **Assessor Declaration (TAE Student)**  I declare that I have conducted valid assessments fairly, flexibly and reliably. | |
| Signature: | | | Signature: | |

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| **To be completed by the Assessor  (TAE Student)** | |
| Did you moderate any assessment judgements?  YES  NO  (If YES – provide details of moderation conversation) |  |
| How did you contextualise the assessment for this student? |  |