## **Training Evaluation/Third Party Report – Group Based Delivery**

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| **TRAINER NAME** |  | | |
| **TOPIC 1** |  | | |
| **TOPIC 2** |  | | |
| **LOCATION & DATE** | Date:  Location: | **DURATION** | Session 1: 40 mins  Session 2: 40 mins |

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| **Assessment/evidence gathering conditions:** | |
| **Instructions:**  The TAE40116 student is the TRAINER who is:   * facilitating two consecutive group-based learning sessions of at least 40 minutes (each) in duration * to a learner group of at least eight individuals * as part of their TAEDEL401 / TAEDEL402/TAEDEL301 (or BSBCMM401) assessment requirements.   The assessor/third party observer is an appropriately qualified individual who is observing the TAE40116 student facilitate these group-based learning sessions.  The assessor/third party observer is required to observe the student successfully carry out the facilitation tasks applicable to this unit in real or simulated work conditions.  The assessors/third party observer must reference the units of competence to ensure that they are fully conversant with the standards required before signing off on the TAE40116 student’s satisfactory performance.  If questions are asked during the observation, notes and TAE40116 student responses can be noted in the “Feedback/Notes” section.  If the TAE40116 student is observed incorrectly performing this task, the assessor/third party observer should make a note in the “Feedback/Notes” section along with the date. The TAE40116 student should then be retrained or reminded how the task should be performed correctly.  **Additional instructions for the Blueprint Assessor, if using a Third Party Observer you are required to:**   1. Provide the 3rd party observer with quality materials for collecting evidence eg checklist over 2. Provide comprehensive information about their role in the evidence-gathering process 3. Obtain confirmation that the 3rd party observer understands their role in the process 4. Ensure the unit requirements have been interpreted relevantly for the task requirements 5. Set requirements for your confirmation the authenticity of evidence provided   REF: <https://www.asqa.gov.au/resources/fact-sheets/using-other-parties-to-collect-assessment-evidence> | |
| **Blueprint Trainer/Assessor OR**  **3rd Party Observer Name:** | **Blueprint** **Trainer/Assessor OR**  **Third Party Observer** |
| **Email Address or Phone number** |  |
| **If Third Party Observer is NOT a Blueprint Career Development Assessor, please complete the following:** | |
| **Tick which adult education qualification do you hold?**  **Attach a copy of your certification for one of the following qualifications:** | TAE40116 Certificate IV in Training and Assessment  TAE50116/TAE50111 Dip Vocational Education and Training  TAE50116/TAE50211 Dip Training Design and Development  A higher level qualification in adult education. Please specify: |

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| **DATE** | |  | | | | | | **DURATION** | | | | | Session 1: 40 mins  Session 2: 40 mins | | | | |
| **AUDIENCE**  (check all that apply) | | **# of learners** | **Gender** | | **Age** | | | | | | | | **Level of education** | | | | |
|  | Male  Female | | Under 12  46-65  12-18  Over 65  18-45 | | | | | | | | Primary  Secondary  Tertiary | | | | |
| **SPECIFIC LEARNER CHARACTERISTICS** | |  | | | | | | | | **Have the learners been advised of the learning program, venue, date and time, what to bring?** | | | | | | Yes  No | |
| **RESOURCES USED**  (check all that apply) | | Whiteboard  Powerpoint  Game  Chart/Poster  Questionnaire  3-D Model  Audio  Photographs  Other (Please specify):  Film/Video  Text/workbooks Prop seg chair / ball  Computer/internet  Handout/activity sheet | | | | | | | | | | | | | | | |
| **Component** | **Check** | **Skill** | | | | | | | | | **Comments** | | | | | | |
| **PREPARATION** |  | Prepare a session plan with clear aims, objectives and teaching strategies | | | | | | | | |  | | | | | | |
|  | Prepare a variety of appropriate teaching resources? | | | | | | | | |
|  | Arrive early enough to arrange the room? | | | | | | | | |
|  | Ensure that all audio visual equipment was available and operational? | | | | | | | | |
|  | Ensure a safe learning environment | | | | | | | | |
| **DELIVERY** |  | Capture learner interest and establish rapport | | | | | | | | |  | | | | | | |
|  | Establish housekeeping/ground rules? | | | | | | | | |
|  | Take an attendance record | | | | | | | | |
|  | Introduce the subject and communicate the learning objectives | | | | | | | | |
|  | Describe how the learner will be assessed, or how the success of their learning would be measured | | | | | | | | |
|  | Display an enthusiastic and professional demeanor? | | | | | | | | |
|  | Create a cooperative, friendly and controlled learning environment? | | | | | | | | |
|  | Modulate voice volume and tone and pace? | | | | | | | | |
|  | Demonstrate active listening and eye contact with learners? | | | | | | | | |
|  | Sequence activities to maximise learning and retention of knowledge and skills? | | | | | | | | |
|  | Incorporate strategies and activities that involved audial, visual and kinesthetic learning? | | | | | | | | |
|  | Use training resources effectively? | | | | | | | | |
|  | Ensure that gestures (body language) were appropriate, supportive and meaningful? | | | | | | | | |
|  | Deal with different or challenging personality types? | | | | | | | | |
|  | Adapt the program to suit specific needs? | | | | | | | | |
|  | Demonstrate a skill or task in logical sequence | | | | | | | | |
|  | Give clear explanations and instructions in simple language? | | | | | | | | |
|  | Encourage learner questions/open discussion | | | | | | | | |
|  | Use a range question types and distribute to learners? | | | | | | | | |
|  | Respond supportively to reinforce learner contributions and questions? | | | | | | | | |
|  | Maintain the learning momentum and keep track of time? | | | | | | | | |
|  | Monitor progress throughout the session? | | | | | | | | |
| **PROGRESS CHECK** |  | Give constructive feedback to learners | | | | | | | | |  | | | | | | |
|  | Use an assessment instrument appropriately (eg. Test, task observation, scenario, problem solving activity)? | | | | | | | | |
| **CONCLUSION** |  | Summarise content, outcomes and “where to from here” | | | | | | | | |  | | | | | | |
|  | Set self-paced homework | | | | | | | | |
| **Were there any unfavourable factors?** | | External noise  Ventilation  Interruption  Room temperature  Unsuitable seating  Technology issue  Other (please specify) – Zoom conversion of traditional group dance class | | | | | | | | | | | | | | | |
| **Rate the outcomes that were achieved by learners?** | | **Area** | | **High** | | | **Moderate** | | | | | **Low** | | **Unknown/Not applicable** | | | |
| Attention and interest | |  | | |  | | | | |  | |  | | | |
| Participation and teamwork | |  | | |  | | | | |  | |  | | | |
| Extension of knowledge | |  | | |  | | | | |  | |  | | | |
| Improvement in skills | |  | | |  | | | | |  | |  | | | |
| Change of attitude | |  | | |  | | | | |  | |  | | | |
| Development of LLN | |  | | |  | | | | |  | |  | | | |
| **What administration, record keeping and reporting was done?** | | This program required the usual administration (attendance sheet etc) plus access to Zoom by participants eg confirmation of Zoom program / internet capabilities | | | | | | | | | | | | | | | |
| **With a similar group next time, what general improvements need to be made?** | | **Improvement** | | | | **Yes** | **No** | | **Improvement** | | | | | | **Yes** | | **No** |
| Increase or decrease the delivery time | | | |  |  | | Give greater opportunity for learner participation | | | | | |  | |  |
| Modify sections of the delivery | | | |  |  | | Allow more time for discussion | | | | | |  | |  |
| Change vocal volume, pace, tone | | | |  |  | | Alter the assessment | | | | | |  | |  |
| Alter the resources used | | | |  |  | | Improve the summary | | | | | |  | |  |
| **Overall feedback, comments and suggestions for improvement?** | |  | | | | | | | | | | | | | | | |
| **Assessor or Third Party Observer Signature** | | **If third party observer, qualification attached** | | | | | | | | | | | | | | | |
| **DATE** | |  | | | | | | | | | | | | | | | |