|  |  |  |  |
| --- | --- | --- | --- |
| Name of student |  | Date |  |
| Name of assessor |  | | |
| Unit/s (code and name) |  | | |
| Method of assessment | Written (Time allowed – 1hr) Verbal | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructions** | | | | |
| * This assessment consists of **XX** questions * Answers must be clear, concise and in your own words * All writing, notes and responses to be done in the spaces provided, in pen * You must answer all questions correctly to be deemed competent in this unit * Re-assessment of any incorrect responses will be undertaken verbally and noted on the assessment * Identified special needs students may be able to undertake this assessment in a slightly different way please speak with your assessor if you believe that you are eligible for a modified assessment item | | | | |
| **EDUCATIONAL ADJUSTMENTS MADE** | | | | |
| Formatting | Altered print size and layout  Audio Provided     Images to support text  Simplified language | | | |
| Time | Extra Time      Rest Break     Administered in segments | | | |
| Assistive Technology | Word Processor     Speech to text     Calculator | | | |
| Environmental | Alternate location      Reduced audience     Support person present | | | |
| **Satisfactory**  **Not Satisfactory** | | | **Due date for reassessment (if required):** |  |
| **Feedback to student:** | | | | |
|  | | | | |
| **Assessor Signature:** | |  | | |