

Unit Record

Program Name:	
Student Name:	
Assessor Name:	
Unit of Competency:	VU21726 Read Simple Words
Training Package:	22294VIC Course in Initial Adult Literacy and Numeracy

The assessor is to tick whether the participant has completed each assessment satisfactorily or not satisfactorily.

The assessor needs to record the participant's overall result for the unit as either competent or not yet competent. If the participant has been deemed as not yet competent then the assessor will need to provide comments in the section provided as to why the participant is not yet competent.

	Satisfactorily Complete	Not satisfactorily Complete
Assessment task 1 – Written questions	<input type="checkbox"/>	<input type="checkbox"/>
Assessment task 2 – Portfolio	<input type="checkbox"/>	<input type="checkbox"/>
Assessment task 3 – Observation	<input type="checkbox"/>	<input type="checkbox"/>

The evidence presented is: (Please tick)

<p>Valid Is relevant to the unit of competency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Authentic Belongs to/is the work of the participant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Current Relates to current work practices and industry standards?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Reliable Supports the fact that the participant can repeat the required tasks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Sufficient There is enough evidence to demonstrate competency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>The participant has met all the requirements for this unit including, the elements, performance criteria, critical aspects for assessment, required skills and knowledge and the dimensions of competency for this unit and has been deemed as:</p>	<p><input type="checkbox"/> Competent (C)</p>	<p><input type="checkbox"/> Not Yet Competent (NYC)</p> <p>The participant has been offered the opportunity to fill their gaps through learning and assessment, if not yet competent</p>
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Unit Record

Comments

Participant signature:		Date:	
Assessor signature:		Date:	

Actions taken by:

	Assessor Check	Coordinator Check	Training Plan signed	VETtrak Entry	Filing	Scanning
Date:						
Name:						
Signature:						