STUDENT ASSESSMENT COVER SHEET

IMPORTANT: THIS FORM MUST BE COMPLETED IN FULL FOR YOUR ASSESSMENT TO BE COMPLETED

Program Name: Certificate III in Disability

Unit Name:

Unit Code:

Facilitator's Name:

Student's Name:

Other Student(s) Name:

STUDENT DECLARATION: I declare that:

- Purpose and consequence of assessment has been explained?
- You have received relevant units of competencies? (Refer to text book)
- No part of this assessment has been copied from any other person's work, except where due acknowledgement is made.
- No part of this assessment has been written for me by any other person except where as collaboration has been authorised by the teacher.
- Understand what evidence is to be collected?
- Discussed what records are to be kept?

Student's Printed Name:_____

Student's Signature: _____ **Date**: _____/_____/_____

ASSESSMENT INFORMATION

First Submission	Second Submission	Final Sign-off
Comments/Feedback: _____ _____ _____ _____ _____ _____ _____ _____ _____	**Comments/Feedback:** _____ _____ _____ _____ _____ _____ _____ _____ _____	
Competent ☐ **Not Yet Competent ☐** **Facilitator's Signature:** **Student's Signature:** **Date: / /** **Extension Authorised:** **Extension Due Date: / /**	**Competent ☐** **Not Yet Competent ☐** **Facilitator's Signature:** **Student's Signature:** **Date: / /** **Extension Authorised:** **Extension Due Date: / /**	**Competent ☐** **Facilitator's Signature:** **Student's Signature:** **Date: / /**

Student Receipt:

This is to verify that _____ has submitted this assessment task to the class facilitator.
(Student's Name)

_____; _____; _____/_____/_____.
(Student's Signature) (Facilitator's Signature) (Date)