

UNIT EVIDENCE SUMMARY REPORT

Candidate _____ Award _____ Assessor _____

Unit: _____

Evidence Requirements	Yes	No
Is there sufficient direct evidence relating to this unit?		
Does the evidence show that ALL performance requirements are met?		
Does the evidence show that ALL knowledge requirements are met?		
Has the range been fully covered?		
Has the candidate been observed in the workplace?		

Types of evidence assessed and portfolio reference (✓)

Observation Report				
Oral questioning		Written questioning		
Assignment/Project		Test		Simulation
Product/process evidence				
Other (state)				

Assessment Decision

Is there available evidence (✓)	Valid		Current	
	Authentic		Sufficient	
	Reliable			

Candidate evidence has proven/not proven competence

Comments:

Further Action	_____	Date _____
Referred candidates		
Comments:		
Referred to Internal Verifier		
Comments:		

Assessor Signature _____ Date _____

Internal Verifier Signature _____ Date _____