Strengthening local communities
Community Centres SA

Complete a project with support Observations of learner outcomes – VBQU169

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Observations and recording of learner outcomes

Instructions to the trainer/assessor

- This checklist is to be completed by the assessor
- For a satisfactory result, all criteria needs to be met to a satisfactory standard for AQF Level I
- The assessor is to complete the information below in relation to each learner. It is intended that this document is a summary of the learner's participation and a record of his/her achievement within the training delivery. Anecdotal comments may be made and dated at the time of entry.

Organisation name:	
Learner's name:	
Assessor's name:	
Learner's support person:	
Competency standard:	Complete a project with support – VBQU169
Assessment date:	
Task/procedure observed:	This record sheet documents the observations of the trainer of the learner's participation and level of achievement throughout and upon conclusion of the training delivery.

Criteria checklist			
Did the learner:		**Yes**	**No**
1	Clarify project goals with support person?		
2	Plan the project to meet the required standards?		
3	Conduct the project in accordance with the designed plan		
4	Achieve successful outcomes for the project?		
5	Discuss the successful outcomes of the project appropriately?		
6	Discuss the barriers to completing the project appropriately?		
7	Demonstrate successful organisation throughout the project?		
8	Revise where required the dimensions of the project?		
9	Communicate with others in relation to the project's completion?		
10	Demonstrate the ability to work independently?		
11	Demonstrate the ability to work within a team?		
12	Plan and discuss the elements of the project adequately		
13	Commit to the project		

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Progressive, qualitative anecdotal comments

Date	Content of observation

Reflective Practice

The student may write a brief account of his/her experience in the training delivery

Results	
Overall performance:	❒ **Competent** ❒ **Needs further training**
Feedback to candidate:	
Assessor signature:	Date:

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