**Observation checklist**

|  |  |
| --- | --- |
| ***Course title:*** |  |
| **Organisation Name** |  |
| **Participant Name** |  |
| **Tutor Name** |  |
|  **OBSERVATION CRITERIA** |
| **Module Title and Code:** | **Propose a plan for learning - NFSKLRG001.2** |
| **Did the participant/learner:** | **(√) each time observed** |
| **EMPLOYABILITY SKILLS** | **PLANNING & ORGANISING** | **1** | participate cooperatively and collaboratively in the course? |  |
| **2** | meet the behavioural expectations of the group? |  |
| **3** | identify learning support resources which will support the achievement of goals? (With or without tutor support)? |  |
| **4** | identify initial steps to achieving goals? |  |
| **5** | create own simple learning plan, in a form to suit individual, to progress towards goal achievement? |  |
| **CORE SKILLS** | **LERNING** | **1** | identify how to access highly familiar learning resources and available support? |  |
| **2** | identify highly familiar and initial steps to achieving goals? |  |
| **3** | review plan with expert or mentor? |  |
| **OTHER****SKILLS** | **OPTIONAL** | **1** |  |  |
| **2** |  |  |

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| **Result of participation in module NFSKLRG001.2** |
| **EMPLOYABILITY SKILLS** | * **Planning & organising**
 | **❒ Successful completion** – All criteria ticked (**√**) at least once**❒ Demonstrated improvement** - At least three criteria ticked (**√**) or more**❒ Minimal / no progress demonstrated** – Only two or less criteria ticked (**√**) |
| **CORE SKILL/S** | * **LEARNING**
 | **❒ Successful completion** – All criteria ticked (**√**) at least once**❒ Demonstrated improvement** - At least two criteria ticked (**√**) or more**❒ No progress demonstrated** – Only one or less criteria ticked (**√**) |
| **Successfully completed this module:** ❒ Yes ❒ No*To successfully complete this module all criteria must be ticked (****√****) at least once.***Specify reason for not completing the module: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **facilitator signature** |  | **Date :**  | **……./…..../……** |

**Please complete the pathways information**

 ***Tick the section that best describes the action, or intended action, at the time of this assessment.***

|  |  |
| --- | --- |
| **PATHWAYS** | **At the time of this assessment has the participant:**  |
| * Enrolled in vocational education and training
 | ❑ | * Undertaken unpaid work
 | ❑ |
| * Undertaken a work experience placement
 | ❑ | * Enrolled in another ACE course
 | ❑ |
| * Commenced an Australian Apprenticeship
 | ❑ | * Commenced an employment project
 | ❑ |
| * Returned to school
 | ❑ | * Entered paid employment
 | ❑ |
| * Enrolled in a non-accredited course (not ACE)
 | ❑ | * Enrolled in university
 | ❑ |
| * Other (please specify):

………………………………………………………………………………………………………………….. |
| **If the participant has not identified a specific action, please provide the intention:**  |
| * To enrol in vocational education and training
 | ❑ | * To find unpaid work
 | ❑ |
| * To seek a work experience placement
 | ❑ | * To enrol in another ACE course
 | ❑ |
| * To seek an Australian Apprenticeship
 | ❑ | * To start an employment project
 | ❑ |
| * To return to school
 | ❑ | * To seek paid employment
 | ❑ |
|  | * To enrol in a non-accredited course (not ACE)
 | ❑ | * To enrol in university
 | ❑ |
|  | * Other (please specify):

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