**Observation checklist**

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| ***Course title:*** |  |
| **Organisation Name** |  |
| **Participant Name** |  |
| **Tutor Name** |  |
| **OBSERVATION CRITERIA** |
| **MODULE Name and Code:** | **Apply strategies for learning - NFSKLRG004.2** |
| **Did the learner:** | **(√) each time observed** |
| **EMPLOYABILITY SKILLS** | **PLANNING & ORGANISING** | **1** | follow basic structured processes modelled by others? |  |
| **2** | identify own knowledge or skills? |  |
| **3** | use a sequence of steps to complete tasks? |  |
| **4** | plan effectively for engaging in work-related learning e.g. having for appropriate clothing, tools for the task, attending training sessions regularly? |  |
| **CORE SKILLS** | **READING** | **1** | locate and read information to support own work-related learning? |  |
| **LEARNING** | **1** | identify and select short term learning goals, with assistance? |  |
| **2** | identify short and simple learning strategies to support learning goals? |  |
| **3** | identify and use a limited range of learning support resources? |  |
| **4** | develop a short and simple learning plan to achieve goals? |  |

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| **Result of participation in module NFSKLRG004.2** |
| **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** | * **reading**
* **LEARNING**
 | **❒ Successful completion** – All criteria ticked (**√**) at least once**❒ Demonstrated improvement** - At least three criteria ticked (**√**) or more**❒ No progress demonstrated** – Only two 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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