**Observation checklist**

|  |  |
| --- | --- |
| ***CoursE TITLE:*** |  |
| **Organisation Name** |  |
| **Participant Name** |  |
| **Tutor Name** |  |
| **OBSERVATION CRITERIA** |
| **Module Name and Code:** | **Engage in and review exchange– NFSKOCM001.2** |
| **Did the learner:** | **(√) each time observed** |
| **EMPLOYABILITY SKILLS** | **1** | participate cooperatively and collaboratively in the course? |  |
| **2** | meet the behavioural expectations of the group? |  |
| **3** | satisfactorily complete activities / tasks on time? |  |
| **4** | follow directions and respond appropriately to feedback? |  |
| **CORE SKILL/S** | **ORAL COMMUNICATION** | **1** | use oral communication strategies to participate in exchange? |  |
| **2** | recognise and use basic non-verbal communication methods? – e.g. smile, hand gestures? |  |
| **3** | seek feedback from expert or mentor to identify areas for improvement? |  |
| **4** | ask questions to seek simple information? – e.g. Can you help me please |  |
| **5** | communicate courteously? Hello - thank you - please etc. |  |
| **OTHER SKILLS** | **OPTIONAL** | **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **Result of participation in module FSKOCM001.2** |
| **EMPLOYABILITY SKILLS** | **❒ Successful completion** – All criteria ticked (**√**) at least once**❒ Demonstrated improvement** - At least two criteria ticked (**√**)**❒ Minimal / no progress demonstrated** – Only one or less criteria ticked (**√**) |
| **CORE SKILL/S** | * **Oral Communication**
 | **❒ Successful completion** – All criteria ticked (**√**) at least once**❒ Demonstrated improvement** - At least three criteria ticked (**√**)**❒ Minimal / no progress demonstrated** – Only two or less criteria ticked (**√**) |
| **Successfully completed this unit:** ❒ Yes ❒ No*To successfully complete this unit all criteria must be ticked (****√****) at least once.***Specify reason for not completing the course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Tutor 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):

……………………………………………………………………………………………………………………. |