

ASSESSMENT COVER SHEET - Practical

STUDENT DETAILS

STUDENT NAME (First and Last Name) _____
 STUDENT CONTACT DETAILS _____ / _____
Contact Number Email

SUBMISSION DETAILS

QUALIFICATION Cert III in Assistant Dance Teaching Cert IV in Dance Teaching and Management

TERM of the YEAR TERM 1 (Jan) TERM 2 (Apr) TERM 3 (Jul) TERM 4 (Oct)

ASSESSMENT TYPE
 (ONE cover sheet per assessment)

Practical Assessment
 Re-sit Practical Assessment
 Practical Exam A Practical Exam B Composition

NAME OF ASSESSOR _____

DUE DATE ____ / ____ / ____

STUDENT DECLARATION

I confirm by signing below, that as a student of the Australian College of Dance, the work I have submitted is completely my own and has not been plagiarised from any sources or completed by any other person than the individual stated above. I have kept a copy of this assessment for my own records (excluding in class written exam). I understand that there are penalties if this assessment is submitted after the stated due date, unless I have otherwise received approval for an extension to the due date. **I understand this assessment will not be returned to me. I accept that if my assessment is kept on campus it will only be kept for 2 weeks and in this time I can request to view my marked assessment.**

Student Signature: _____ Date of Submission: ____ / ____ / ____

ASSESSOR / STUDENT SERVICES TEAM USE ONLY

ASSESSMENT OUTCOME

NAME OF ASSESSOR: _____

OUTCOME: Satisfactory

I confirm that I observed the learner demonstrate the skills with the elements, performance criteria, critical aspects for assessment and required skills for this assessment task. *Completed observation checklists and relevant supporting assessment documentation are attached/provided.*

Not Yet Satisfactory

OVERALL FEEDBACK:

If re-sit is required, specify the tasks to be resubmitted

Assessor Signature: _____ Date: ____ / ____ / ____

I have received feedback from my Assessor Student Signature: _____