

# YOGA ASSESSMENT COVER SHEET - Practical

## STUDENT DETAILS

STUDENT NAME \_\_\_\_\_

## STUDENT CONTACT DETAILS

Contact Number \_\_\_\_\_

Email \_\_\_\_\_

## SUBMISSION DETAILS

### QUALIFICATION

Cert IV in Yoga Teaching

Diploma of Yoga Teaching

### TERM of the YEAR

TERM 1 (Jan)

TERM 2 (Apr)

TERM 3 (Jul)

TERM 4 (Oct)

### ASSESSMENT TYPE

(ONE cover sheet per assessment)

Journal

Late-submission

Re-submission

Practical Exam

Re-sit Practical Exam

NAME OF ASSESSOR \_\_\_\_\_

DUE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## STUDENT DECLARATION

I confirm by signing below, that as a student of the Australian College of Sport and Fitness, 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.**

Signature of Student: \_\_\_\_\_ Date of Submission: \_\_\_\_/\_\_\_\_/\_\_\_\_

## TEACHER / ADMINISTRATION 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*

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Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received feedback from my Assessor

Student Signature: \_\_\_\_\_