

# Assessment Coversheet

**Purpose of this Document;** this document is the official record of the learning outcome(s) and this Assessment Cover Sheet needs to be attached to the assessment task prior to submission for marking

LEARNER DETAILS	
Family Name:	(please print name)
Given Name:	(please print name)
SUBJECT DETAILS	
Unit Code:	
Unit Name:	
Assessor Name:	(please print name)
ASSESSMENT DETAILS	
Due Date:	
Date Submitted:	
PLEASE NOTE	
All completed assessments are the responsibility of the Learner; therefore AUSTRALIAN ACADEMY OF ADVANCED SKILLS(AAAS) recommends that Learner(s) <b>MAKE</b> a copy of their assessments before submitting.	
<ul style="list-style-type: none"><li>I declare that, to the best of my knowledge and belief, this assessment is my own work, all sources have been properly acknowledged, and the assessment contains no plagiarism. This assessment or any part thereof has not previously been submitted for assessment <b>at this or any other college</b>;</li><li>The resources and training materials provided by AAAS were useful to assist my learning during the completion of this unit.</li></ul> <p><b>Please Indicate</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>Please comment below if you have any feedback on the resources provided for this unit</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>Learner Signature:</b>	<b>Date:</b>

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<b>RESULT</b> <i>(Assessor Use ONLY)</i>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Yet Satisfactory
	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Yet Competent
If Learner requires re-assessment please specify scheduled date		Date:
Did the Learner require LLN support?(if yes please state how the LLN support was provided below in assessor feedback)		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Assessment Type</b> <i>(Assessor Use ONLY)</i>	<input type="checkbox"/> Oral / written <input type="checkbox"/> Structured Activities <input type="checkbox"/> Portfolio <input type="checkbox"/> Workplace Observations <input type="checkbox"/> Third Party Feedback <input type="checkbox"/> Others	

<b>ASSESSOR FEEDBACK (minimum of 25 words)</b>	
<b>Assessor Signature:</b>	<b>Date:</b>

<b>LEARNER FEEDBACK</b>	
<p><i>All Trainers / Assessors / Facilitators / Learners reserve the right to question any assessment procedures / assessment feedback; for further information please refer to our COMPLAINTS / APPEALS POLICIES &amp; PROCEDURES; available for viewing in the Learner Handbook and on the AAAS's website:</i></p> <p><input type="checkbox"/> <i>I have received my assessment result and I am satisfied with the given feedback for this assessment.</i></p> <p><input type="checkbox"/> <i>I am not satisfied, I wish to formally appeal against my assessment result.</i></p> <p><b>(Please download &amp; complete the Assessment Appeal Form from our website; <a href="http://aaas.edu.au/">http://aaas.edu.au/</a> or contact us on 1300 SKILLS or 1300 754 557)</b></p>	
<b>Learner Signature:</b>	<b>Date:</b>