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| **ASSESSMENT RECORD SHEET** | | | | | |
| **Programme** | BTEC National Level 3 Diploma/ Extended Diploma in Health and Social Care | | | **Learner name** |  |
| **Assignment title** | Inclusive Practice of Additional Needs | | | **Assessor name** |  |
| **Unit no. & title** | Unit 12: Supporting Individuals with Additional Needs | | | **Targeted learning aims/assessment criteria** | Learning Aims:  **B-** Examine how to overcome the challenges to daily living faced by people with additional needs.  **C**- Investigate current practice with respect to provision for individuals with additional needs. |
| **First Submission** | | | | | |
| **Deadline** | | |  | **Date submitted** |  |
| **Targeted criteria** | | **Criteria achieved?**  (Yes / No) | **Assessment comments** | | |
| B. P2- Explain how disability can be viewed as a social construct. | |  |  | | |
| B. P3- Describe how health or social care workers can help one child and one adult with different additional needs to overcome challenges to daily living. | |  |  | | |
| C. P4- Explain the benefits of adaptations and support provided to one child and one adult with different additional needs. | |  |  | | |
| C. P5- Explain the impact of statutory provision on the support provided for one child and one adult with different additional needs. | |  |  | | |
| B. M2- Assess the impact of the challenges to daily living that may be experienced by one adult and one child with different additional needs, and how effectively these challenges are overcome. | |  |  | | |
| C. M3- Analyse how the provision and support provided for one child and one adult with different additional needs have benefited them. | |  |  | | |
| C. M4- Analyse how statutory provision has impacted on current practice in caring for one child and one adult with different additional needs. | |  |  | | |
| BC. D2- Justify the support and adaptations provided for two different additional needs to help them overcome challenges to daily living, with reference to statutory provision. | |  |  | | |
| BC. D3- Evaluate the impact of providing support for two individuals diagnosed with different additional needs in improving their wellbeing and life chances. | |  |  | | |
| **General comments** | | | | | |
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| **Assessor declaration** | I certify that the evidence submitted for this assignment is the learner’s own. The learner has clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice. | | | | |
| **Assessor signature** |  | | | **Date** |  |
|  | | | | **Date of feedback to learner** |  |
| **Resubmission authorisation**  by Lead Internal Verifier**\*** |  | | | **Date** |  |
| \* All resubmissions must be authorised by the **Lead Internal Verifier**. Only **one** resubmission is possible per assignment, providing:   * The learner has met initial deadlines set in the assignment, or has met an agreed deadline extension. * The tutor considers that the learner will be able to provide improved evidence without further guidance. * Evidence submitted for assessment has been authenticated and accompanied by a signed and dated declaration of authenticity by the learner.   \*\*Any resubmission evidence **must** be submitted within 10 working days of receipt of results of assessment. | | | | | |

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| **Resubmission** | | | | |
| **Deadline** | |  | **Date submitted** |  |
| **Targeted criteria** | **Criteria achieved?**  (Yes / No) | **Assessment comments** | | |
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| **General comments** | | | | |
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| **Assessor declaration** | | I certify that the evidence submitted for this assignment is the learner’s own. The learner has clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice. | | |
| **Assessor signature** | |  | **Date** |  |
|  | | | **Date of feedback to learner** |  |

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| **ASSESSMENT RECORD SHEET** | | | | |
| **Programme** | |  | **Learner name** |  |
| **Assignment title** | |  | **Assessor name** |  |
| **Unit no. & title** | |  | **Targeted learning aims/assessment criteria** |  |
| **Retake – for QCF only** | | | | |
| **Deadline** | |  | **Date submitted** |  |
| **Targeted Pass criteria** | **Criteria achieved?**  (Yes / No) | **Assessment comments** | | |
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| **Assessor signature** | |  | **Date** |  |
|  | | | **Date of feedback to learner** |  |