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| **ASSESSMENT RECORD SHEET** | | | | | |
| **Programme** | BTEC National Level 3 Diploma/ Extended Diploma in Health and Social Care | | | **Learner name** |  |
| **Assignment title** |  | | | **Assessor name** |  |
| **Unit no. & title** | Unit 14: Physiological Disorder and their Care | | | **Targeted learning aims/assessment criteria** | **Learning Aim D:** Develop a treatment plan for service users with physiological disorders to meet their needs. |
| **First Submission** | | | | | |
| **Deadline** | | |  | **Date submitted** |  |
| **Targeted criteria** | | **Criteria achieved?**  (Yes / No) | **Assessment comments** | | |
| D.P5- Assess care needs of a selected service user with a physiological disorder. | |  |  | | |
| D.P6- Plan treatment to meet the needs of a selected service user with a physiological disorder. | |  |  | | |
| D. P7- Explain how the plan would improve the health and wellbeing of a selected service user. | |  |  | | |
| D. M4- Plan treatment to meet the needs of a selected service user with a physiological disorder, reviewing as appropriate to improve outcomes. | |  |  | | |
| D.D3- Justify the recommendations in the plan in relation to the needs of the service user and advantages and disadvantages of treatment options. | |  |  | | |
| **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** |  |