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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** |  |