



OROMIA TVET BUREAU

**Basic Leather Garments
and Goods Production
Operations
NTQF Level I**

Assessment Packet

TTLM Code: IND BGI1 TTLM 0519v1

Evidence Plan

TVET Program:	<i>Basic Leather Garments and Goods Production Operations Level 1</i>		
Learning Module Title:	Applying 5S Procedures		
Learning Outcome(s) covered	<ul style="list-style-type: none"> • <i>Develop understanding of quality system</i> • Sort needed items from unneeded • Set workplace in order • Shine work area • Standardize activities • Sustain 5S system 		
Ways in which evidence will be collected:	Demonstration with Oral Questioning	Written Test	
The evidence must show that the trainee.....			
discusses quality assurance procedures of the enterprise or organization		X	
understands the relationship of quality system and continuous improvement in the workplace		X	
identifies and relates to workplace requirements the purpose and elements of quality assurance (QA) system		X	
Explains the 5S system as part of the quality assurance of the work organization		X	
Identifies all items in the work area		X	
distinguishes between essential and non-essential items		X	
sorts items to achieve deliverables and value expected by downstream and final customers		X	

sorts items required for regulatory or other required purposes	X	X	
places any non-essential item in a appropriate place other than the workplace		X	
checks regularly that only essential items in the work area		X	
identifies the best location for each essential item	X	X	
places each essential item in its assigned location	X	X	
after uses immediately return each essential item to its assigned location		X	
checks regularly that each essential item in its assigned location		X	
keeps the work area clean and tidy at all times	X	X	
conducts regular housekeeping activities during shift		X	
ensures the work area is neat, clean and tidy at both		X	
follows procedures		X	
follows checklists for activities, where available		X	
keeps the work area to specified standard		X	
cleans up after completion of job and before commencing next job or end of shift	X	X	
identifies situations where compliance to standards is unlikely and take actions specified in procedures		X	
inspects work area regularly for compliance to specified standard		X	
recommends improvements to lift the level of compliance in the workplace		X	
Prepared by:		Date:	
Checked by:		Date:	

DEMONSTRATION/OBSERVATION CHECK LIST

Trainee's Name:				
Teacher's Name:				
Learning Module Title:				
Learning Outcome covered:	<ul style="list-style-type: none"> • <i>Develop understanding of quality system</i> • Sort needed items from unneeded • Set workplace in order • Shine work area • Standardize activities • Sustain 5S system 			
Batch Class:				
Date of assessment:				
Time of assessment:				
Instruction	<p>Use the given necessary materials and equipment then apply 5s procedures</p> <ul style="list-style-type: none"> • All the safety manuals should be with the demonstrator • All the specification sheets are ready • All the operational sheets are ready • Work area is cleaned as per the standard are checked properly 			
Material and Equipment	Water ,soap, sponge brush basket painting			
OBSERVATION		Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:		Yes	No	N/A
sort items required for regulatory or other required purposes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
identify the best location for each essential item		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
place each essential item in its assigned location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
keep the work area clean and tidy at all times		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
clean up after completion of job and before commencing next job or end of shift		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The trainee's demonstration was:

Satisfactory

Not Satisfactory

Interview Questions

Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

The trainee's underpinning knowledge was:
Satisfactory Not Satisfactory

Feedback to trainee:

The trainee's overall performance was:
Satisfactory Not Satisfactory

Trainee signature:	Date:
Teacher signature:	Date:

Acceptable answers are:

Q1

Assessment Summary Results

Trainee's Name		
Teacher's Name		
TVET Program Title		
Batch Class		
Module Title		
Date of Assessment		
The performance of the trainee is –	Satisfactory	Not Satisfactory
A. Demonstration with Oral questioning	<input type="checkbox"/>	<input type="checkbox"/>
B. Written Test	<input type="checkbox"/>	<input type="checkbox"/>
Did the trainee's overall performance meet the required evidences / standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OVERALL EVALUATION	<input type="checkbox"/> COMPETENT	<input type="checkbox"/> NOT YET COMPETENT
General Comments [Strengths / Improvements needed]		
Trainee's signature:		Date:
Teacher's signature:		Date:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

*Critical aspects of competence

Note: This document serves as the rating sheet of the teacher in evaluating the trainee's performance.
This must be accomplished for each trainee.

Interview Questions Template

Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Feedback to trainee: 		
The trainee's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
		<p><i>The evidence must show that the trainee.....</i></p>		
• (assessment criteria) in simple present & singular				
•				
•				
•				
•				
Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

Task 2:

Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Feedback to trainee:		
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Trainee signature:	Date:	
Teacher signature:	Date:	

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Learning Module Title:				
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Prepared by:		Date:		
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LAP Test	Practical Demonstration
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Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

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Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
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Trainee signature:	Date:	
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Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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LAP Test	Practical Demonstration
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Name: _____ Date: _____

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LAP Test	Practical Demonstration
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Name: _____ Date: _____

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Interview Questions Template

Interview Questions	Satisfactory response	
	Yes	No
The trainee should answer the following questions:		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Feedback to trainee:		
The trainee's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
		<p><i>The evidence must show that the trainee.....</i></p>		
• (assessment criteria) in simple present & singular				
•				
•				
•				
•				
Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

Task 2:

Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

*Critical aspects of competence

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Interview Questions Template

Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>The trainee's underpinning knowledge was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/></p>		
<p>Feedback to trainee:</p>		
<p>The trainee's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/></p>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
		<p><i>The evidence must show that the trainee.....</i></p>		
• (assessment criteria) in simple present & singular				
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•				
•				
•				
Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

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Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

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Interview Questions Template

Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Feedback to trainee:		
The trainee's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
		<p><i>The evidence must show that the trainee.....</i></p>		
• (assessment criteria) in simple present & singular				
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•				
•				
Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

Task 2:

Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

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Interview Questions Template

Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
<p>The trainee's underpinning knowledge was: Satisfactory ☐ Not Satisfactory ☐</p>		
<p>Feedback to trainee:</p> 		
<p>The trainee's overall performance was: Satisfactory ☐ Not Satisfactory ☐</p>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
		<p><i>The evidence must show that the trainee.....</i></p>		
• (assessment criteria) in simple present & singular				
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•				
Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

Task 2:

Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

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Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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Feedback to trainee: 		
The trainee's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<i>Ways in which evidence will be collected:</i>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
<i>The evidence must show that the trainee.....</i>				
• (assessment criteria) in simple present & singular				
•				
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Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

Task 2:

Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

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Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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Feedback to trainee:		
The trainee's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
		<p><i>The evidence must show that the trainee.....</i></p>		
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Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

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Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

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Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

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The trainee should answer the following questions:	Yes	No
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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>The trainee’s underpinning knowledge was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/></p>		
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Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
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The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
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TVET Program:				
Learning Module Title:				
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<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
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Prepared by:		Date:		
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LAP Test	Practical Demonstration
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Task 1:

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Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
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Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

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Interview Questions Template

Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>The trainee's underpinning knowledge was:</p> <p style="text-align: center;">Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/></p>		
<p>Feedback to trainee:</p> 		
<p>The trainee's overall performance was:</p> <p style="text-align: center;">Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/></p>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
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Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
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Q4	<input type="checkbox"/>	<input type="checkbox"/>
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The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
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Q1		
Q2		
Q3		
Q4		
Q5		

Evidence Plan Template (Formative Assessment)

TVET Program:				
Learning Module Title:				
Learning Outcome(s) covered		<ul style="list-style-type: none"> • — • — • — 		
<p style="text-align: center;"><i>Ways in which evidence will be collected:</i></p>		<i>Demonstration with Oral Questioning (LAP Test)</i>	<i>Written Test</i>	<i>Simulation</i>
		<p><i>The evidence must show that the trainee.....</i></p>		
• (assessment criteria) in simple present & singular				
•				
•				
•				
•				
Prepared by:		Date:		
Checked by:		Date:		

LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within 3 hours.

Task 1:

Task 2:

Task 3:

Sample Demonstration Evidence Gathering Tool (Sample for Formative Assessment)

Trainee's Name:			
Teacher's Name:			
Learning Module Title:			
Learning Outcome covered:	<ul style="list-style-type: none"> • • • 		
Batch Class:			
Date of assessment:			
Time of assessment:			
OBSERVATION	Please check (✓) to show if evidence is demonstrated		
During the demonstration of skills, did the trainee:	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's demonstration was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>			

*Critical aspects of competence

Note: This document serves as the rating sheet of the teacher in evaluating the trainee's performance. This must be accomplished for each trainee.

Interview Questions Template

Interview Questions	Satisfactory response	
The trainee should answer the following questions:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Feedback to trainee: 		
The trainee's overall performance was: Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>		
Trainee signature:	Date:	
Teacher signature:	Date:	

Sample Recording Sheet for Oral Questioning

Trainee's Name:		
Teacher's Name:		
Batch Class:		
Learning Module Title:		
Learning Outcome/s covered:		
Oral questions	Satisfactory response	
	Yes	No
Q1	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>
Q5	<input type="checkbox"/>	<input type="checkbox"/>
The trainee's underpinning knowledge was:		
<p style="text-align: center;"> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> </p>		
Teacher's Signature:	Date:	
Feedback to trainee:		
Acceptable answers are:		
Q1		
Q2		
Q3		
Q4		
Q5		

