

## Life Support Technician

Candidate Name:		Date:	
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Activity Number (1,2, or 3):	
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<b>Assessment Plan</b>	<i>Please provide a summary of the following information:</i>
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Work activity to be assessed	
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Which performance criteria in the competence(s) do you intend to assess?	
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What type of evidence will be assessed (Observation, Work Product, Questioning or other please specify)?	
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What date or dates will the assessment take place?	
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Where will the assessment take place (e.g. name of vessel, installation, system, workshop etc)?	
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Particular assessment needs and name of any witness involved	
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Witness name: (if applicable)	
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Assessor name:		Date:	
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