Assessment Plan





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