

## **Probationary Assessor – Observation Form**

consultation with the candidate and trainers

Use this form to conduct an observation on a probationary assessor and provide feedback.

It is not an assessment tool, but rather an instrument for induction into Surf Lifesaving programs after having completed the TAESS00011 Assessor Skill Set or TAE40116 Certificate IV Training and Assessment (or equivalent) and meeting the organisational requirements.

Probationary Assessor Name:								
Probationary Assessor Club:								
Course Start and Finish Dates:								
Assessment ID:								
Course Name: (SRC, BM, IRB Crew, IRB Drivers, Radio etc.)								
Mentor Name:								
Probation Type: (please tick one only)	Observation: Full Assess	sment:		Final As	sessme	nt & Sigr	off:	
Course Deliver Feed	lback							
This section will need to be cunder supervision.	completed by the Mentor where the	probatio	nary ass	essor ha	s conduc	cted an a	ıssessmen	it
ander Supervision.			Fully D	Fully Developed Not Develop			/eloped	
Evaluation Criteria			5	4	3	2	1	
Assess competence & Pla	an assessment							
Communicates information and explains the assessment process clearly, using techniques appropriate to the audience and environment								
Ensures candidates are aware of the competency standards								
Confirms understanding and clarity of the assessment process with the candidates								
Establishes and maintains an effective assessor / candidate relationship								
All candidate's documentation / evidence reviewed by the Assessor in accordance with organisational compliance and procedures								
Written / oral answers confirmed and assessed against benchmarks in the Delivery and Assessment Guide								
Ensures practical assessment tasks are assessed against Observation Checklist Benchmarks								
All Assessment Tasks are completed for each candidate and the outcome appropriately recorded								
Reviews the assessment process and outcomes in								



Demonstrated Strengths					
Opportunities for Improvement					
Opportunities for improvement					

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**Probationary Assessor Declaration** 

As the probationary Assessor, I verify that I attended this course in in the capacity of an Observation/Full Assessment/Final Assessment and Sign off (as on page one) and that I always had a qualified Assessor for this award physically present during this course. I have taken on board the feedback and opportunities for improvement and will implemented them into my assessment practices.

Probationary Assessor Name:							
Probationary Assessor Signature:		Date:					
Mentor Declaration  As the qualified and current Assessor for this award I verify that I supervised the probationary Assessor during an							
Observation/Full Assessment/Final Assess present during this training. I have provided the probationary assessor of my recommendation	sment and Sign off (as on page one) d the probationary assessor with feedb	and I verify that I was always physically					
	Further training required: Prod	ceed to Final Assessment:					
Necommendation.	The probationary assessor has completed all requirements and I recommend						
	the member to be sign off as "Assessor" in the respective award:						
Mentor Name:							
Mentor Signature:		Date:					

## **SLSQ Office Use Only:**

SLSQ staff to collate other probationary forms, review, and ensure the probationary assessor has met minimum requirements to be endorsed.

Please refer to section 9 of the TOM "How to be an Assessor" in relation to paperwork processing. The form 14 must be reviewed and signed by the Member Training Manager prior to processing.

Financial	Season:				
TAF Induction	Completion Date:	Expiry Date:			
Blue Card	Expiry Date:				
CYRM/CSA	CRYM Completion Date:	CSA Completion date:			
SLSA Award	Completion Date:	Expiry Date:			
TAE Qualification	Assessor Skill Set: OR Full Certificate IV TAE:				
Holds equivalent UoC(s)/Qualification	cation Completion Date:				
Patrol Hours	Previous Season: Current Season:				
TAF Award(s) Allocated:	Award Name:				
	Assessment ID:				
SLSQ Officer Name:					
SLSQ Officer Signature:		Date:			

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