

City & Guilds Level 3

Children’s Care, Play, Learning & Development: Practice

Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.



Assessment Resource Pack

**Version**

July 2019 Version 1.0

Assessment pack

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This pack contains word versions of the appendices for the **Level 3 Children’s Care, Play, Learning and Development: Practice** qualification that can be completed electronically by centres.

Appendix 1 Learner observation record form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Observation record form** | | | | | | |
| Candidate | |  | Candidate number | |  | |
| Date of observation | |  | | | | |
| Child identifier(s) | |  | | | | |
| Type of opportunity/experience observed | |  | | | | |
|  | | | | | | |
| **Observation plan** | | | | | | |
| Observation method to be used  *Include a rationale for why this method has been selected* | |  | | | | |
| Permission records have been obtained and documented. | |  | | | | |
| Physical, ethical and legal factors considered, and how these have been documented. | |  | | | | |
| Any additional information | |  | | | | |
| **Outcomes** | | | | | | |
| *Use this section to detail notes of what you observed during the observation.* | | | | | | |
|  | | | | | | |
| *Use this section to detail note of any relevant information obtained from other sources.* | | | | | | |
| Candidate signature: |  | | | Date | |  |
| Confirmation of assessor signature: |  | | | Date | |  |
| Confirmation of manager signature: |  | | | Date | |  |

Appendix 2 Candidate planning form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Candidate planning – summary form** | | | | |
| **Candidate name** |  | Candidate number |  | |
| **Date of planning meeting** |  | | | |
| **Units selected** |  | | | |
|  | | | | |
| **Opportunities/experiences to be carried out** |  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Opportunity/experience 1:** | | | | |
| **Opportunity/experience timeframe** |  | | | |
| **Development aim/target of the opportunity/experience**  *How the opportunity/experience intends to support the development of the child/children, based on findings from the holistic evaluation* |  | | | |
| **Outline of the opportunity/experience**  *This should provide an outline of the planned opportunity/experience, what you intend to do, and why* |  | | | |
| **Others considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| **Opportunity/experience 2:** | | | | |
| **Opportunity/experience timeframe** |  | | | |
| **Development aim/target of the opportunity/experience**  *How the opportunity/experience intends to support the development of the child/children, based on findings from the holistic evaluation* |  | | | |
| **Outline of the opportunity/experience**  *This should provide an outline of the planned opportunity/experience, what you intend to do, and why* |  | | | |
| **Others considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| **Opportunity/experience 3:** | | | | |
| **Opportunity/experience timeframe** |  | | | |
| **Development aim/target of the opportunity/experience**  *How the opportunity/experience intends to support the development of the child/children, based on findings from the holistic evaluation* |  | | | |
| **Outline of the opportunity/experience**  *This should provide an outline of the planned opportunity/experience, what you intend to do, and why* |  | | | |
| **Others considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| **Opportunity/experience 4:** | | | | |
| **Opportunity/experience timeframe** |  | | | |
| **Development aim/target of the opportunity/experience**  *How the opportunity/experience intends to support the development of the child/children, based on findings from the holistic evaluation* |  | | | |
| **Outline of the opportunity/experience**  *This should provide an outline of the planned opportunity/experience, what you intend to do, and why* |  | | | |
| **Others considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| Candidate signature: |  | | Date |  |
| Confirmation of assessor signature: |  | | Date |  |
| Confirmation of manager signature: |  | | Date |  |

Appendix 3 Assessor planning form

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor planning – summary form** | | | |
| Candidate name |  | Enrolment number |  |
| Date of planning meeting |  | | |
| Units to be covered |  | | |
|  | | | |
| Opportunities/experiences to be carried out |  | | |
|  | | |
|  | | |
|  | | |
| **Opportunity/experience 1:** | | | |
| Opportunity/experience timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this opportunity/experience |  | | |
| Learning outcomes anticipated to be evidenced from the opportunity/experience |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Opportunity/experience 2:** | | | |
| Opportunity/experience timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this opportunity/experience |  | | |
| Learning outcomes anticipated to be evidenced from the opportunity/experience |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Opportunity/experience 3** | | | |
| Opportunity/experience timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this opportunity/experience |  | | |
| Learning outcomes anticipated to be evidenced from the opportunity/experience |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Opportunity/experience 4** | | | |
| Opportunity/experience timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this opportunity/experience |  | | |
| Learning outcomes anticipated to be evidenced from the opportunity/experience |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Use this section to capture notes on any practice-based outcomes that are not likely to be observed through practice.**  *Use this section to confirm a plan for evidencing these outcomes, or for further reviewing the planned opportunities/experiences* | | | |
|  | | | |

Appendix 4 Practice observation record form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Observation record** | | | | | |
| Candidate name |  | Enrolment number | |  | |
| Observation number/date |  | | | | |
| Opportunity/experience observed |  | | | | |
| Learning outcomes expected to be observed |  | | | | |
|  | | | | | |
| **Observations made**  *(Highlight how the observations reflect the learning outcomes/units being undertaken)* | | | | | |
|  | | | | | |
| **Evidence of Supporting Core Practice**  *Outline any specific examples or evidence where the candidate has demonstrated their promotion of the principles, behaviours and values of Unit 300.* | | | | | |
|  | | | | | |
| Follow-up questions asked  *(List the questions that were used to further question the candidate)* |  | | | | |
| Learning outcomes not evidenced |  | | | | |
| **Feedback for candidate**  *Use this section to capture any feedback to be provided to the candidate following this observation* | | | | | |
|  | | | | | |
| Candidate signature: |  | | Date | |  |
| Confirmation of assessor signature |  | | Date | |  |

Appendix 5 Progress meeting record form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Progress meeting record form** | | | | |
| Candidate name |  | Enrolment number |  | |
| Date of meeting |  | | | |
| Period covered |  | | | |
|  | | | | |
| *Summary of discussion points:* | | | | |
| **Evidence of Promoting Core Practice**  *Outline any specific examples or evidence where the candidate has demonstrated their application of the principles, behaviours and values of Unit 300.* | | | | |
|  | | | | |
| **Candidate comments/feedback**  *This section is provided as a space for the candidate to capture any of their own comments or feedback on the meeting* | | | | |
|  | | | | |
| **Feedback provided**  *Highlight any supportive/developmental feedback provided to the candidate during this session* | | | | |
|  | | | | |
| Follow-up questions asked  *(List the questions that were used to further question the candidate, and briefly outline their responses)* |  | | | |
| Learning outcomes evidenced |  | | | |
| Candidate signature: |  | | Date |  |
| Confirmation of manager signature: |  | | Date |  |

Appendix 6 Professional discussion recording form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate name | Title | Candidate  number |  |
| **Assessor name** | Assessor name | **Assessment date** | DD/MM/YY |

|  |
| --- |
| **Section 1** |
| **Provide details below that will support the structure of the discussion, e.g.**   * Key topic/themes to be covered during the discussion * Types of questions to ask that will help evidence the candidate’s knowledge/understanding |
|  |
| **Section 2** |
| **Notes captured during the discussion** |
| **Overall comments and conclusions drawn** |

**I confirm that the evidence presented here is an accurate account of the assessment that took place.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor signature** | Signature | **Date** | DD/MM/YY |
| **Candidate signature** | Signature | **Date** | DD/MM/YY |

Appendix 7 Assessment completion record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task** | **Evidence** | **Evidence record reference** | **Learning outcomes confirmed** | **Notes** | **Feedback for candidate** |
| **A** | **Reflective log** |  |  |  |  |
| **Portfolio of evidence** |  |  |  |  |
| *Evidence 1* |  |  |  |  |
| *Evidence 2* |  |  |  |  |
| *Evidence 3* |  |  |  |  |
| **B1** | **Observation 1** |  |  |  |  |
| **B2** | **Observation 2** |  |  |  |  |
| **B3** | **Observation 3** |  |  |  |  |
| **B4** | **Observation 4** |  |  |  |  |
| **C** | **Holistic evaluation** |  |  |  |  |
| **D1-D4** | **Candidate Planning Form** |  |  |  |  |
| **E1** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 1** |  |  |  |  |
| **E2** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 2** |  |  |  |  |
| **E3** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 3** |  |  |  |  |
| **E4** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 4** |  |  |  |  |
| **F** | **Professional discussion recording form** |  |  |  |  |
| *Candidate evidence* |  |  |  |  |

Appendix 8 Feedback form

**Qualification title / route:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Assessor name | Date of submission |

|  |
| --- |
| Unit number/s and title/s |

|  |  |  |
| --- | --- | --- |
| **Evidence Reference** | **Feedback** | **Target date and action plan for resubmission** |
|  |  |  |

I confirm that this assessment has been completed to the required standard and meets the requirements for validity, currency, authenticity and sufficiency.

|  |
| --- |
| Assessor signature and date: |

Appendix 9 Declaration

**Declaration of Authenticity**

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Centre name | Centre number |
|  |  |

**Candidate:**

**I confirm that all work submitted is my own, and that I have acknowledged all sources I have used.**

|  |  |
| --- | --- |
| Candidate signature | Date |

**Manager:**

**I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.**

|  |  |
| --- | --- |
| Manager signature | Date |

**Assessor**

**I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.**

|  |  |
| --- | --- |
| Assessor signature | Date |

**Note:**

**Where the candidate and/or manager/assessor is unable to, or does not confirm authenticity through signing this declaration form, the work will not be accepted at moderation. If any question of authenticity arises, the manager/tutor may be contacted for justification of authentication.**