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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice | | |
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| **Unit Title:** | **Use diagnostic and assessment tools with clients** | | | | |
| **OCR unit number:** | **Unit 09** | | | | |
|  |  | | | | |
| **Candidate Name:** |  | | | | |
| I confirm that the evidence provided is a result of my own work. | | | | | |
| **Signature of candidate:** | |  | | **Date:** |  |

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| **Learning Outcomes** | **Assessment Criteria** | **Evidence Reference** | **Assessment Method\*** |
| 1.Understand the purpose and application of diagnostic and assessment tools | 1.1explain the reasons for diagnosing and assessing the needs of clients  1.2evaluate the purpose of different diagnostic and assessment tools used with clients  1.3analyse the outcomes from use of diagnostic and assessment tools |  |  |
| 2.Be able to use diagnostic and assessment tools with clients | 2.1review diagnostic or assessment tools to meet client needs  2.2inform clients about the purpose and use of diagnostic or assessment tools  2.3question clients to determine selection of diagnostic or assessment tools  2.4apply diagnostic or assessment tools to determine client needs  2.5interpret the results of the diagnostic or assessment tools  2.6discuss with clients the outcomes of the diagnosis or assessment  2.7use cumulative experience as a practitioner interpret outcomes of diagnosis or assessment |  |  |
| **\*Assessment method key:** O = observation of candidate, EP = examination of product; EWT = examination of witness testimony; ECH = examination of case history; EPS = examination of personal statement; EWA = examination of written answers to questions; QC = questioning of candidate; QW = questioning of witness; PD = professional discussion | | | |

I confirm that the candidate has demonstrated competence by satisfying all of the criteria for this unit and that I have authenticated the work.

Signature of assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countersignature of qualified assessor (if required) and date:

IV initials (if sampled) and date: Countersignature of qualified IV (if required) and date: