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|  | | | **Evidence Record Sheet**  OCR Level 6 Diploma in Career Guidance and Development | | |
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| **Unit Title:** | **Evaluate service provision** | | | | |
| **OCR unit number:** | **Unit 19** | | | | |
|  |  | | | | |
| **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 methods to evaluate and report on service provision in the organisation | * 1. analyse methods used to evaluate and report on service provision   2. evaluate methods to involve clients in service provision evaluation   3. explain quality standards used to evaluate service provision |  |  |
| 2. Be able to evaluate service provision | * 1. apply methods to evaluate service provision   2. agree evaluation dissemination methodologies   3. collect and analyse evidence about service provision in accordance with organisational requirements   4. apply quality standards to benchmark service provision |  |  |
| 3. Be able to report on the outcomes of the organisation’s evaluation of service provision | 3.1 report on the outcomes of service provision evaluation  3.2 recommend modifications and improvements to service provision  3.3 disseminate evaluation evidence about service provision in accordance with organisational requirements |  |  |
| **\*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: