

PRE-ASSESSMENT

P.A. 01
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This form should be filled on completion of a Pre-Assessment, signed by the Assessor/s and submitted to the Technical and Vocational Education and Training Authority by Fax to 3341 314 and the originals should be handed over to the assessor from TVET Authority before commencing the assessment.

Training Contractor: Contract No.

Occupation / Standard:

Name & Address of Training Centre :

REPORT ON PRE-ASSESSMENT

1. Information on candidates

Date of Assessment

N U M B E R O F C A N D I D A T E S

Summoned for Pre-Assessment : <input type="text"/>	Present for Pre-Assessment : <input type="text"/>	Suitable for Assessment : <input type="text"/>	Not yet suitable For Assessment : <input type="text"/>
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2. Facilities required for assessment

Are adequate facilities available at the Centre to conduct the assessment? :
If the answer is "No" indicate the arrangements made/to be made.

Are tools, equipment and material required for the assessments available :
If the answer is "No", please list the items you requested from the Officer-in-charge of the Training Centre, to be made available for the assessment.

3. Assessment

Date/s and Location fixed for the final Assessment :

Arrangements made to inform the candidates of final assessment :

4. Comments of the Assessors (if any)

	Assessor 1	Assessor 2	Assessor 3
Name			
Signature			
Designation			
Reg. No.			
Agency			
Date			

5. This should be signed by the Officer In Charge of the Training Centre or an Officer designated by him :

I certify that the pre-assessment for the candidates were carried out by the Assessors at this Centre.
Arrangements required for the final assessments are noted for necessary action.

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Date Signature Name & Designation

DETAILS OF PRE-ASSESSMENTS CARRIED OUT

Training Contractor :	Contract No: <input style="width: 100%;" type="text"/>
Occupation / Standard :	Batch No: <input style="width: 100%;" type="text"/>
Name & Address of Training Centre : <input style="width: 100%;" type="text"/>	

	Candidates		Units														Students Signature	
	Name	NID Number	1	2	3	4	5	6	7	8	9	10	11	13	14	15		16
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
	Number of students absent																	
	Number of trainees competent in units																	

(If the number of students exceed 12, please use additional copy of this page)

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Signature

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Signature

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Signature

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Name of the Assessor

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Name of the Assessor

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Name of the Assessor

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Date