

KNOWLEDGE ASSESSMENT: FURTHER EVIDENCE RECORD

Student Name: _____ Date: _____

Student Contact Details: _____

Assessor Name: _____ Signature: _____

Use this form to record the verbal responses of students providing further evidence for the determination of competency in the knowledge component of the unit. When completed, attach to original assessment material for recording and archive purposes.

Unit of Competency:	<input type="checkbox"/> CHCAGE005 Provide support to people living with dementia <input type="checkbox"/> CHCCCS020 Respond effectively to behaviours of concern		
Question Number	Evidence Required	Student Response	S/NYS

S = satisfactory NYS = not yet satisfactory

Further action required: