

PROVIDER MODERATION COVERSHEET 2010

(This boxed section is to be completed by the Provider)

UNIT STANDARD: _____ Version Number: _____ Assessment Date: _____

Provider: _____

Contact Person: _____

Postal Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Comments to Moderator: _____

Signed: _____ Date: _____

PRE-ASSESSMENT MODERATION (This section to be completed by ATTTO Moderator)

Assessment Task and Assessment Schedule Acceptable for Use

*****Once approved please ensure "ATTTO Moderated and Approved xx/xx/xx" is put as a footer on your Assessment and Assessment Schedule*****

Signed: _____ Date: _____

Assessment Task and Assessment Schedule Not Acceptable for Use:

Resubmission with amendments/improvements as detailed on pre-moderation form to be submitted by the date stated below

1 st Resubmission Date Required:	2 nd Resubmission Date Required:	3 rd Resubmission Date Required:
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POST MODERATION (This section below is completed by ATTTO Moderator)

Marking of assessed work acceptable

Marking of assessed work requires

(a) closer attention to detail in marking to the assessment schedule **or**

(b) clear evidence and/or a checklist that shows marking acceptable to required standard

Marking of assessed work is **not acceptable** to ATTTO requirements and further

Moderation may be requested. AMAP visit will be initiated.

Signed: _____ Date: _____