**MARK SHEET –Review own ability to facilitate and support action learning**

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| **Centre Number :** | |  | | **Centre Name :** | | |  | | | | | |
| **Learner Registration No :** | |  | | **Learner Name:** | | |  | | | | | |
| **INSTRUCTIONS FOR ASSESSMENT AND USE OF MARK SHEET**  Assessment must be conducted with reference to the assessment criteria (AC). In order to pass the unit, every AC must be met.  Assessors will normally award marks for every AC and then total them into a percentage. However, for greater simplicity, there is the option to not use marks at all and merely indicate with a ‘Pass’ or ‘Referral’ in the box (below right). In order to pass the unit every AC must receive a ‘Pass’  **Where marks are awarded according to the degree to which the learner’s evidence in the submission meets each AC, every AC must be met, i.e. receive at least half marks (e.g. min 10/20). Any AC awarded less than the minimum produces an automatic referral for the submission (regardless of the overall mark achieved).**  Sufficiency descriptors are provided as guidance. If 20 marks are available for an AC and the evidence in the submission approximates to the ‘pass’ descriptor, that indicates it should attract 10 marks out of 20, if a ‘good pass’ then ca. 15 out of 20. The descriptors are not comprehensive, and cannot be, as there are many ways in which a submission can exceed or fall short of the requirements. | | | | | | | | 1. **Learner named above confirms authenticity of submission.** 2. **ILM uses learners’ submissions – on an anonymous basis – for assessment standardisation.  By submitting, I agree that ILM may use this script on condition that all information which may identify me is removed.**   **However, if you are unwilling to allow ILM use your script, please refuse by ticking the box: □** | | | | |
| **Learning Outcome / Section 1:** Understand how to review own action learning facilitation practice | | | | | | | | | | | | |
| **Assessment Criteria (AC)** | **Sufficiency Descriptors**  *[Typical standard that , if replicated across the whole submission, would produce a referral, borderline pass or good pass result]* | | | | | | | | | **Assessor feedback on AC**  *[comments not necessary in every box]* | | |
| AC 1.1  Evaluate the effect your ethical views, beliefs, attitudes and values have on own action learning facilitation practice | **Referral [*5/20*]** | | **Pass [*10/20*]** | | | **Good Pass [*15/20*]** | | | |  | | |
| * The effect your ethical views, beliefs, attitudes and values have on own action learning facilitation practice is not evaluated, or is evaluated incorrectly or inappropriately, or is merely described with no evaluation to produce a conclusion and/or recommendations | | * The effect your ethical views, beliefs, attitudes and values have on own action learning facilitation practice is evaluated correctly and appropriately to produce a conclusion and/or recommendations, although the evidence base for the evaluation is limited | | | * The effect your ethical views, beliefs, attitudes and values have on own action learning facilitation practice is evaluated correctly and appropriately to produce a conclusion and/or recommendations using a wide and objective evidence base | | | |
| / 20  (min. of 10) | | Pass or Referral |
| AC 1.2  Evaluate your ability to address poor or inappropriate attitudes, behaviours and working relationships and their effect on your action learning facilitation practice | **Referral [*5/20*]** | | **Pass [*10/20*]** | | | **Good Pass [*15/20*]** | | | |  | | |
| * Your ability to address poor or inappropriate attitudes, behaviours and working relationships and their effect on your action learning facilitation practice is not evaluated, or is evaluated incorrectly or inappropriately, or is merely described with no evaluation to produce a conclusion and/or recommendations | | * Your ability to address poor or inappropriate attitudes, behaviours and working relationships and their effect on your action learning facilitation practice is evaluated correctly and appropriately, although the evidence base for the evaluation is limited | | | * Your ability to address poor or inappropriate attitudes, behaviours and working relationships and their effect on your action learning facilitation practice is evaluated correctly and appropriately using a wide and objective evidence base | | | |
| / 20  (min. of 10) | | Pass or Referral |
| **Section comments** (optional): | | | | | **Verification comments** (optional): | | | | | | | |
| **Learning Outcome / Section 2:** Understand how to review own networks and communication ability in supporting and facilitating action learning to improve current practice | | | | | | | | | | | | |
| **Assessment Criteria (AC)** | **Sufficiency Descriptors**  *[Typical standard that , if replicated across the whole submission, would produce a referral, borderline pass or good pass result]* | | | | | | | | | **Assessor feedback on AC**  *[comments not necessary in every box]* | | |
| AC 2.1  Review the effectiveness of your networks in supporting action learning facilitation practice | **Referral [*5/20*]** | | **Pass [*10/20*]** | | | **Good Pass [*15/20*]** | | | |  | | |
| * The effectiveness of your networks in supporting action learning facilitation practice has not been reviewed, or the review is incorrect or inappropriate, or the effectiveness of your networks in supporting action learning facilitation practice has merely been described with no review to make a judgement based upon a combination of evidence and practice | | * The effectiveness of your networks in supporting action learning facilitation practice has been reviewed correctly and appropriately to make a judgement based upon a combination of evidence and practice, although the evidence base for the judgement is subjective or limited | | | * The effectiveness of your networks in supporting action learning facilitation practice has been reviewed correctly and appropriately using a wide and objective evidence base to make a judgement based upon a combination of evidence and practice | | | |
| / 20  (min. of 10) | | Pass or Referral |
| AC 2.2  Evaluate your ability to communicate effectively when facilitating groups | **Referral [*5/20*]** | | **Pass [*10/20*]** | | | **Good Pass [*15/20*]** | | | |  | | |
| * Your ability to communicate effectively when facilitating groups has not been evaluated, or the evaluation is incorrect or inappropriate, or your ability to communicate effectively when facilitating groups has merely been described with no evaluation to produce a conclusion and/or recommendations | | * Your ability to communicate effectively when facilitating groups has been evaluated correctly and appropriately to produce a conclusion and/or recommendations, although the evidence base for the conclusion and/or recommendations is subjective or limited | | | * Your ability to communicate effectively when facilitating groups has been evaluated correctly and appropriately using a wide and objective evidence base to produce a conclusion and/or recommendations | | | |
| / 20  (min. of 10) | | Pass or Referral |
| AC 2.3  Develop a strategy to improve current practice based on review of own abilities | **Referral [*5/20*]** | | **Pass [*10/20*]** | | | **Good Pass [*15/20*]** | | | |  | | |
| * A strategy to improve current practice based on review of own abilities has not been developed, or the strategy is incorrect or inappropriate, or the strategy is not based on review of own abilities | | * A correct and appropriate strategy to improve current practice based on review of own abilities has been developed, although the strategy requires further development for full implementation | | | * A correct and appropriate strategy to improve current practice based on review of own abilities has been sufficiently developed for full implementation | | | |
| / 20  (min. of 10) | | Pass or Referral |
| **Section comments** (optional): | | | | | **Verification comments** (optional): | | | | | | | |
|  | | | | | | | | | **/ 100** | | **TOTAL MARKS** | |

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| **Assessor’s Decision** | | **Quality Assurance Use** | |
| **Outcome** (*delete as applicable*): **PASS / REFERRAL** | **Signature of Assessor:**  **Date of QA Check:** | **Outcome** (*delete as applicable*): **PASS / REFERRAL** | **Signature of QA:**  **Date of QA check:** |