***Program Name / Certificate Type Certificate Code***

***Competency Title* (Competency *X*) *XXX-XXX***

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| --- |
| Evaluation Booklet |

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| --- | --- | --- | --- | --- | --- | --- |
| **Candidate’s Identification** | | | | | | |
| Candidate’s Name:  Centre:  Permanent Code | | | | | | |
| **Pass/Fail Decision Form** | | | | | | |
| Minimum Performance Standard  Successful completion of criteria \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Decision  Pass Fail  ❑ ❑ | | |
| Due Dates: *Worksheet 1*   *Worksheet 2*   *Worksheet 3* | | | | | | |
| Date : |  | Examiner: | | | | |
| **Evaluation Form** | | | | | | |
| **Participation Criteria and Observable Elements** | | | | |  | **Yes No** |
| **1. Information Phase**  1.1 | | | | | Yes No |  |
| – | | | | | 🞎 🞎 |  |
| – | | | | | 🞎 🞎 |  |
| – | | | | | 🞎 🞎 | ❑ ❑ |
| **2. Participation Phase**  2.1 | | | | |  |  |
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| **Participation Criteria and Observable Elements** |  | **Yes No** |
| 2.2 | Yes No |  |
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| 2.2 |  |  |
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| **3. Synthesis Phase**  3.1 |  |  |
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**Note to the examiner:** Record the result on the *Pass /Fail Decision Form.*

Comments:

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