

Area of Learning	Stage	Subject Code			No. of credits (10 or 20)
1	2				
2	2				

STAGE 2 SELF-DIRECTED COMMUNITY LEARNING PERFORMANCE CHECKLIST

Name of student _____		SACE Registration Number _____	
Area of Learning 1 _____		Area of Learning 2 _____	
Indicate number of credits achieved: _____ credits		Indicate number of credits achieved: _____ credits	
Assessment Criteria	Achieved		
Knowledge and Application	Area of Learning 1 2	Essential Requirements Demonstrates evidence of comprehensive knowledge and skills in a self-directed community activity Provides evidence of significant contribution in a self-directed community activity <i>Indicators</i> Provides evidence of constructive regular interactions and measurable outcomes with relevant organisations and/or individuals Identifies different points of view and contributes towards the resolution of conflict situations Solves a range of problems Plans, organises, and manages own learning to achieve a broad range of goals Applies leadership and/or management skills Communicates effectively in a leadership, mentoring, or negotiating role Collaborates productively with others or works in a team to achieve a substantial common goal Applies detailed knowledge of relevant occupational health, safety, and welfare issues and risk management strategies Applies community learning in teaching and/or mentoring others	
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Reflection and Critical Thinking	☐ ☐	Indicators Reflects on the nature, scope, and complexity of learning gained in relation to personal goals Evaluates own progress towards achievement of personal goals using a range of evidence Evaluates own ability to manage responsibility appropriately Reflects on how the self-directed learning activity has enabled him or her to interact constructively in the community Demonstrates clear understanding of how the local and/or wider community benefits from his or her self-directed community learning Evaluates the effectiveness of own planning, problem-solving, and organisational skills	
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Assessor 1 Name Signature _____ Date _____

Assessor 2 Name Signature _____ Date _____