



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

**STAGE 1 SELF-DIRECTED COMMUNITY LEARNING
PERFORMANCE CHECKLIST**

Name of student _____		SACE Registration Number _____	
<i>Area of Learning 1</i> _____		<i>Area of Learning 2</i> _____	
Indicate number of credits achieved: _____ <i>credits</i>		Indicate number of credits achieved: _____ <i>credits</i>	
Assessment Criteria	Achieved		
Knowledge and Application	Area of Learning	Essential Requirements	
		1	2
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Reflection and Critical Thinking		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name _____ Signature _____ SACE Board ID No. _____ Date _____