

# Assessment Marking Criteria

ICTSAS527\_AT1\_MC\_TQM\_v1.docx



<b>Student Name</b>		<b>Student Number</b>	
<b>Unit Code/s &amp; Name/s</b>	ICTSAS527 Manage client problems		
<b>Cluster Name</b> <i>If applicable</i>	N/A		
<b>Assessment Type</b>	<input type="checkbox"/> Assignment <input type="checkbox"/> Project <input type="checkbox"/> Case Study <input checked="" type="checkbox"/> Portfolio <input type="checkbox"/> Third Party Report (Workplace) <input type="checkbox"/> Third Party Report (Peer) <input type="checkbox"/> Other		
<b>Assessment Name</b>	The Client	<b>Assessment Task No.</b>	1 of 3
<b>Assessment Due Date</b>		<b>Date Submitted</b>	/ /
<b>Assessor Feedback:</b>			
<b>Attempt 1</b>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	<b>Date</b> / /
<b>Assessor Name</b>		<b>Assessor Signature</b>	
<input type="checkbox"/> <b>Student provided with feedback and reassessment arrangements</b> <i>(check box when completed)</i>		<b>Date scheduled for reassessment</b>	/ /
<b>Attempt 2</b>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	<b>Date</b> / /
<b>Assessor Name</b>		<b>Assessor Signature</b>	
<b>Note to Assessor: Please record below any reasonable adjustment that has occurred during this assessment e.g. written assessment given orally.</b>			

**Assessment Criteria / Benchmarks**

*The evidence submitted demonstrates that the student has satisfactorily:*

Attempt 1		Attempt 2	
Date _/_/___		Date _/_/___	
Y	N	Y	N

PART 1					
1.	Listened to clients discussion and identify and determine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Existing client support and infrastructure problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Client’s requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Documentation of discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Document saved as ICTSAS527_AT1_Part1_yourname.docx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 2					
1.	Replied to client with written questions in regard to the issues identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Document saved as ICTSAS527_AT1_Part2_yourname.docx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Replied to client with audio of questions in regard to the issues identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Audio file saved as ICTSAS527_AT1_Part2Audio_yourname.mp3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>