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| **Assessment 1 – Written Questions – Service Programs Questions** | | | | | | | | | |
| **UNITS OF COMPETENCY – Code** | | CHCCCS007 | **Title** | Develop and Implement Service Programs | | | | | |
| **Student Name** |  | | | | | **Student Number** | |  | |
| **Student Signature** |  | | | | | **Assessment Date** | |  | |
| **Assessment Location** | At home in own time | | | | | **Assessment Time/ Duration** | | 2 hours | |
| **Q1** Identify two (2) target groups in your community, investigate and explore their needs and outline what current service provisions they can access that will meet their needs.  Discuss each target group in detail, including how you would use your analysis of their needs to identify the most appropriate service provision that meets their needs. Explain the program type, how long the program runs for and what funding and relevant internal and external partnerships that are involved in the program. | | | | | | | | **MR** | **FER** |
| |  |  |  | | --- | --- | --- | | **Target Group 1** | | | | **Needs of Target Group** | **1** |  | | **2** |  | | **Service Provision to Meet Needs** | **1** |  | | **2** |  | | **Program Type** |  | | | **Duration of Program** |  | | | **Internal Partnerships** | **1** |  | | **2** |  | | **External Partnerships** | **1** |  | | **2** |  | | **Target Group 2** | | | | **Needs of Target Group** | **1** |  | | **2** |  | | **Service Provision to Meet Needs** | **1** |  | | **2** |  | | **Program Type** |  | | | **Duration of Program** |  | | | **Internal Partnerships** | **1** |  | | **2** |  | | **External Partnerships** | **1** |  | | **2** |  | | | | | | | | |  |  |
| **Assessor Feedback** | | | | | | | | | |
|  | | | | | | | | | |
| Assessor note: Please ensure all above criteria have been met to a satisfactory standard. Where not, additional evidence must be obtained and recorded to meet assessment criteria. All additional evidence must be clearly documented. | | | | | | | | | |
| **Assessor Name** |  | | | | | | | | |
| **Assessor Signature** |  | | | | **Date** | |  | | |
| **Assessment Task Result (Please tick appropriate Assessment Result)** | | | | | **MR**  **FER** | | | | |
| **Marking Scheme** | **Competency based** | | | | | | | | |