



T Level Technical Qualification in Healthcare Science

Occupational specialism assessment (OSA)

Optical Care Services

Assignment 1 Task 1

Practical skills assessment evidence requirement form

v1.1: Specimen assessment materials 17 November 2023 603/7083/X

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Introduction

TQ pathway:	Healthcare Science
Occupational specialism:	Optical Care Services
Assignment:	Assignment 1 task 1

The following table lists the evidence that providers must ensure is collected for each student completing assignment 1 in the Optical Care Services occupational specialism of the TQ in Healthcare Science. Evidence is split into the following types:

- student produced evidence
- audio-visual recordings
- photographic evidence
- provider or tutor commentary

This form should be used as a checklist and signed off by the tutor and internal quality assurer before being returned to NCFE with the evidence for each student.



Task 1 evidence requirements

Task 1 evidence requirement	Detailed commentary, where relevant			
Student produced evidence				
Signed student declaration of authenticity	Completed declaration of authenticity.			
Updated patient record form	Completed patient record form with updated patient details ascertained from the interaction.			
Completed triage form	Completed triage form with updated patient details ascertained from the interaction.			
Audio-visual recordings				
Audio-visual recording of patient interaction to include optometrist interaction	Covering each step, labelled with the student and provider name. The recording should capture the student engaging with the patient and optometrist as part of this task.			
Photographic evidence				
Photograph of area set up	Showing the assessment area, to include equipment and set up, and also include a unique student identifier (for example, enrolment number).			
Provider or tutor commentary				
Completed observation record form	Completed with all relevant commentary used to support marking judgements.			
Final mark form	Final marks, student and tutor details.			

Sign off

Tutor and provider sign off				
Tutor confirmation: I confirm that all evidence is a true reflection of the student's work for this assignment.				
Tutor name:	Date:			
Internal quality assurer confirmation: I confirm that I agree with the tutor confirmation and have carried out a suitable check to satisfy that this is the case.				
Internal quality assurer name:	Date:			

Document information

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Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Post approval, updated for publication.		September 2021
v1.1	Sample added as a watermark	November 2023	17 November 2023

