

# ASSESSMENT RECORD SHEET

# SHEET 1B

STUDENT NAME:	YEAR:
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Students are required to hand in this Sheet 1B & all assignments during business hours, BY APPOINTMENT ONLY. Without a confirmed appointment, office staff will not be able to accept or check your paper work.

Assessment	Date	Trainer/ Office Sign	Student Sign
Sheet 2 - Practical Competency <i>Including sign off for Treatment Plan completion and in Class Practice Record</i>			
<b>THEORY EXAMS</b>			
Anatomy & Physiology 2			
Remedial Massage			
Trigger Point Therapy			
Myofascial Release Therapy 1			
Lymphatic Massage			
Remedial Massage For Athletes			
Pregnancy Massage			
Chronic Diseases <i>(if not completed in Cert IV)</i>			
<b>ASSESSMENT WORKBOOKS</b>			
9A Anatomy & Physiology 2			
10A Remedial Massage & Musculoskeletal			
11A Lymphatic Massage			
12A Myofascial Release Therapy 1			
13A Trigger Point Therapy			
14A Pregnancy Massage			
15A Remedial Massage For Athletes			
7A Reflexology for Relaxation <i>(if not completed in Cert IV)</i>			
8A Working with Clients with Chronic Diseases <i>(if not completed in Cert IV)</i>			
16A Research and Apply Evidence to Practice			
17A Engage with Health Professionals and Health System			
18A Reflect on and Improve Your Own Professional Practice			

Date Assessment Record Sheet Received at Office:	Office Initial:
Logged Practice Record Sheet - Massage Therapy Module:	Office Initial:

Date Assessment Record Sheet Received at Office:    /    /	Office Initial:
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<b>OFFICE USE ONLY</b>	Attendance	Clinic Sheet 3A,B,C	FC	Office Initial:
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