Sydney College of Professional Education Pty Ltd | ABN: 78648109040
RTO Code: 46019 | CRICOS Code 04135H
Address: Level 1, 133 Parramatta Road, Granville, NSW 2142
Tel: 0278060845 | Email: info@scpe.edu.au
Website: www.SCPE.edu.au

INTERVENTION STRATEGY (STUDENTS AT RISK)

PURPOSE

The purpose of the *Assessment Judgement Comparison Checklist* is to systematically record and compare the assessment judgements made by two assessors against the same evidence for a unit of competency. This tool supports moderation activities by identifying discrepancies, promoting consistency in assessor decisions, and verifying that assessment outcomes meet the Principles of Assessment (validity, reliability, fairness, and flexibility) and the Rules of Evidence. It forms part of Sydney College of Professional Education (SCPE)'s quality assurance processes under the Standards for RTOs 2025 to ensure the integrity of assessment judgements.

INSTRUCTIONS

1. **Complete Unit Details:**
   - Record the *Unit Code and Title* at the top of the checklist.
   - Record the names of both *Assessor 1* and *Assessor 2*.

2. **Select Assessment Task(s):**

File the completed checklist as part of the RTO's *Assessment Moderation Records* to demonstrate commitment to assessment quality assurance.

ASSESSMENT JUDGEMENT CHECKLIST	
Date:	
Student ID:	
Student Name:	
Course Enrolled:	
Email Address:	
Address:	

Reason for Being Flagged as 'At-Risk'	☐ Poor Attendance

	☐ Unsatisfactory Course Progress ☐ Non-Submission of Assessments ☐ Other: _____
Intervention Action Plan:	☐ Counselling Session or Student Support Services ☐ Set Study Targets ☐ Require Attendance in Makeup Class ☐ English Language Support ☐ Study Skills with Trainer and Assessor ☐ Require Attendance in Makeup Class ☐ Adjust Course Load / Deferral / Withdrawal Discussion ☐ Other: _____
Details of Action To Be Taken:	
Expectations of Student:	
Date of Review:	

Follow Up

Date:	
Improvement:	☐ Yes ☐ No
Further Support Required:	☐ Yes (Please Detail Below) ☐ No
Further Support Details (if required):	
Next Review Date (if applicable):	

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Acknowledgement

Student Name:		**SCPE Representative Name & Title:**	
Signature:		**Signature:**	
Date:		**Date:**	

FOR OFFICE USE ONLY:

- ☐ Recorded in SCPE-Course Progression Register
- ☐ Strategy Uploaded to Student File
- ☐ Counselling Notes Attached
- ☐ PRISMS Reporting Not Applicable
- ☐ PRISMS Intention to Report Flagged (if applicable)