

Assessment Tracking Checklist

Name: _____

Item	Date Received	Started ✓	Completed ✓	Date Handed in
BLOCK 3				
NPA Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
NPA Practical Demonstration Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
NPA Research Project		<input type="checkbox"/>	<input type="checkbox"/>	
HLTHPS010 Interpret & Use Info about Nutrition and Diet		<input type="checkbox"/>	<input type="checkbox"/>	
CHCCCS001 Address the Needs of People w/ Chronic Disease		<input type="checkbox"/>	<input type="checkbox"/>	
CHCPOL003 Research and Apply Evidence to Practice		<input type="checkbox"/>	<input type="checkbox"/>	
HLTKIN005 Monitor and Evaluate Client Progress		<input type="checkbox"/>	<input type="checkbox"/>	
CHCPRP003 Reflect on and Improve Own Professional Practice		<input type="checkbox"/>	<input type="checkbox"/>	
Kinesiology Coaching Project		<input type="checkbox"/>	<input type="checkbox"/>	
BLOCK 4				
STF3 Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
STF3 Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
CK Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
CK Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
BH Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
BH Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
STP Workbook		<input type="checkbox"/>	<input type="checkbox"/>	
STP Take-home Exam		<input type="checkbox"/>	<input type="checkbox"/>	
CHCMHS001 Work with People with Mental Health Issues		<input type="checkbox"/>	<input type="checkbox"/>	
BSBSMB403 Market the Small Business		<input type="checkbox"/>	<input type="checkbox"/>	
BSBSMB404 Undertake Small Business Planning		<input type="checkbox"/>	<input type="checkbox"/>	
BSBSMB405 Monitor and Manage Small Business Operations		<input type="checkbox"/>	<input type="checkbox"/>	
Supervised Student Clinic Logbook Sheet		<input type="checkbox"/>	<input type="checkbox"/>	