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| Unit Title: Understand Sensory Loss | | |
| URN: M/601/3467 |  |  |
| Credit Value: 3 |  |  |
| Level: 3 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand the factors that impact on an individual with sensory loss** | | | |
| 1.1 Analyse how a range of factors can impact on individuals with sensory loss |  |  |  |
| 1.2 Analyse how societal attitudes and beliefs impact on individuals with sensory loss |  |  |  |
| 1.3 Explore how a range of factors, societal attitudes and beliefs impact on service provision |  |  |  |
| **2 Understand the importance of effective communication for individuals with sensory loss** | | | |
| 2.1 Explain the methods of communication used by individuals with:  • Sight loss  • Hearing loss  • Deafblindness |  |  |  |
| 2.2 Describe how the environment facilitates effective communication for people with sensory loss |  |  |  |
| 2.3 Explain how effective communication may have a positive impact on lives on individuals with sensory loss |  |  |  |
| **3 Understand the main causes and conditions of sensory loss** | | | |
| 3.1 Identify the main causes of sensory loss |  |  |  |
| 3.2 Define congenital sensory loss and acquired sensory loss |  |  |  |

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| 3.3 Identify the demographic factors that influence the incidence of sensory loss in the population |  |  |  |
| **4 Know how to recognise when an individual may be experiencing sight and / or hearing loss and actions that may be taken** | | | |
| 4.1 Identify the indicators and signs of:  • Sight loss  • Hearing loss  • Deafblindness |  |  |  |
| 4.2 Explain actions that should be taken if there are concerns about onset of sensory loss or changes in sensory status |  |  |  |
| 4.3 Identify sources of support for those who may be experiencing onset of sensory loss |  |  |  |

**Learner declaration of authenticity:**

I declare that the work presented for this unit is entirely my own work.

Learner signature: Date:

**Assessor sign off of completed unit:**

I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.

Assessor name:

Signature: Date: