



Level 5 Diploma in
DEAFBLINDNESS FOR ADVANCED PRACTITIONERS

Evidence Logbook

Qualification recognition number: 603/0675/0

Qualification Reference: L5DDAP

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Assessment Principles

1. Assessment Principles

Please refer to the FutureQuals website (www.futurequals.com) for the current version of the Assessment Principles and the latest version of the qualification specification for any specific Assessment Principles relating to this qualification.

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Component 1: Understanding Assessment and Support of Individuals with Dual Sensory Impairment

Component Reference Number: D/615/2901

Level: 5

Credit: 20

GL: 62

| | Assessment Method | Evidence Ref. Page number, Method | Assessor Decision Sign and Date |
|--|-------------------|---|------------------------------------|
| You must be able to: | | | |
| 1 Understand functional and clinical assessments | | | |
| 1.1 Explain functional and clinical procedures used in the investigation of: <ul style="list-style-type: none"> • sensory function • sensory integration | | | |
| 1.2 Critique the value and limitations of: <ul style="list-style-type: none"> • functions procedures • clinical procedures | | | |
| 2 Understand impact of deafblindness on individuals and their family / support network(s) | | | |
| 2.1 Analyse the consequences of deafblindness for individuals who are deafblind | | | |
| 2.2 Hypothesise the consequences of deafblindness for the family and/or support networks of individuals who are deafblind | | | |
| 2.3 Evaluate the consequences of progressive sensory loss for individuals who are deafblind | | | |

3 Understand development and evaluation of assessment outcomes

| | | | |
|--|--|--|--|
| 3.1 Explain how assessment can impact on the design of strategies to support access to communication, mobility and information for individuals who are deafblind | | | |
| 3.2 Evaluate the effectiveness of support strategies to support access to communication, mobility and information for individuals who are deafblind | | | |

Learner declaration of authenticity:

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

Learner signature:

Date:

Assessor sign off of completed component:

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

Assessor name:

Signature:

Date:

Component 2: Understanding Assessment and Support of Communication in relation to Deafblindness

Component Reference Number: H/615/2902

Level: 5

Credit: 20

GL: 61

| | Assessment Method | Evidence Ref. Page number, Method | Assessor Decision Sign and Date |
|---|-------------------|---|------------------------------------|
| You must be able to: | | | |
| 1 Understand assessment of communication | | | |
| 1.1 Discuss methods of assessing the communication needs of individuals who are deafblind | | | |
| 2 Understand assessment as a tool to support the development of an individual's communication | | | |
| 2.1 Explain the possible impacts of an individual's sensory, social and educational histories on their current comprehension and use of communication | | | |
| 2.2 Discuss how to evaluate chosen methods of communication that are appropriate for the needs of individuals with deafblindness | | | |
| 2.3 Evaluate ways of facilitating the sense of 'ownership' of chosen communication methods for individuals who are deafblind | | | |
| 3 Understand communication support and its evaluation | | | |
| 3.1 Justify the resources and training | | | |

| | | | |
|---|--|--|--|
| needed to provide tailored communicative environments for an individual who is deafblind | | | |
| 3.2 Justify the resources and training needed to provide individualised communicative environments for the family or workers who support deafblind individuals | | | |
| 3.3 Critique benefits and drawbacks of a range of communication aids and adaptations for deafblind individuals | | | |
| 3.4 Explain ways of advising individuals on making effective use of a range of Language Service Professionals who can assist in the interpretation of information | | | |

Learner declaration of authenticity:

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

Learner signature:

Date:

Assessor sign off of completed component:

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

Assessor name:

Signature:

Date:

Component 3: Understanding Assessment and Support of Movement, Mobility and Orientation in relation to Deafblindness

Component Reference Number:

Level: 5
 Credit: 10
 GL: 44

| | Assessment Method | Evidence Ref. Page number, Method | Assessor Decision Sign and Date |
|--|-------------------|--------------------------------------|------------------------------------|
| You must be able to: | | | |
| 1 Understand assessment of movement, mobility and orientation | | | |
| 1.1 Explain the impact of each category of deafblindness on the movement, mobility and orientation of individuals who are deafblind | | | |
| 1.2 Outline the issues which affect deafblind individuals' ability to orientate and move independently | | | |
| 1.3 Discuss methods of assessing the movement, mobility and orientation of individuals who are deafblind | | | |
| 1.4 Critique ways of evaluating deafblind individuals' readiness to engage in movement, mobility and orientation | | | |
| 2 Understand how physical environments impact on movement, mobility and orientation | | | |
| 2.1 Explain how to analyse the accessibility of physical environments in order to identify the barriers faced by deafblind individuals | | | |

| | | | |
|--|--|--|--|
| 2.2 Compare a range of strategies and methods which support deafblind individuals to overcome issues and challenges that they may experience in relation to movement, mobility and orientation | | | |
| 3 Understand the support available to support the development of movement, mobility and orientation | | | |
| 3.1 Identify a range of organisations and services able to offer support in relation to movement, mobility and orientation | | | |
| 3.2 Explore the types of support that a range of organisations and services are able to offer in relation to movement, mobility and orientation | | | |

Learner declaration of authenticity:

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

Learner signature:

Date:

Assessor sign off of completed component:

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

Assessor name:

Signature:

Date:

Component 4: Deafblindness: Independent Study

Component Reference Number: M/615/2904

Level: 5

Credit:10

GL: 7

| | Assessment Method | Evidence Ref. Page number, Method | Assessor Decision Sign and Date |
|--|-------------------|---|---------------------------------------|
| You must be able to: | | | |
| 1 Understand the impact of the Deafblindness Practitioner and Deafblindness Advanced Practitioner on professional practice | | | |
| 1.1 Outline a project, or piece of development work that is for the benefit of a deafblind individual or individuals | | | |
| 1.2 Explain areas of personal practice and professional competence on which the Deafblindness for Practitioners and Deafblindness for Advanced Practitioners have had an impact | | | |
| 1.3 Illustrate areas on which the Deafblindness for Practitioners and Deafblindness for Advanced Practitioners have enabled you to influence the practice and competence of others | | | |

Learner declaration of authenticity:

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

Learner signature:

Date:

Assessor sign off of completed component:

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

Assessor name:

Signature:

Date:

Level 5 Diploma in Deafblindness for Advanced Practitioners
Summary of Achievement

| | | | |
|--------------|--|------------------------|--|
| Learner Name | | Future™ Learner Number | |
| Centre Name | | Centre Number | |

| Component Number | Component Title | Credits | Date Verified | Learner Signature | Assessor Signature | IQA Signature | EQA Signature |
|------------------|---|---------|---------------|-------------------|--------------------|---------------|---------------|
| D/615/2901 | Understanding Assessment and Support of Individuals with Dual Sensory Impairment | 20 | | | | | |
| H/615/2902 | Understanding Assessment and Support of Communication in relation to Deafblindness | 20 | | | | | |
| K/615/2903 | Understanding Assessment and Support of Movement, Mobility and Orientation in relation to Deafblindness | 10 | | | | | |

| | | | | | | | |
|------------|--|----|--|--|--|--|--|
| M/615/2904 | Deafblindness: Independent Study | 10 | | | | | |
|------------|--|----|--|--|--|--|--|

Competence has been demonstrated in all the components recorded above using the required assessment procedures and the specified conditions/contexts. The evidence meets the requirements for validity, authenticity, currency, reliability and sufficiency.

Internal Quality Assurer Signature

Date

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