**PHYSICS CfE HIGHER: OUTCOME 1 RECORD SHEET**

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| **Pupil Name:** |  |  |  **(Level):** |  |
| **Title of Experiment:** |  |  |
|  |  |  |  |  |  |
| **Assessment standard** | **Evidence Assessed** | **Evidence produced** | **Notes** |
| **1** | **2** | **3** |
| **1.1 -Planning an experiment/ practical investigation** | **Statement of experimental aim** |  |  |  |  |
| Permission to start exptDate:Initials:Student took part in the practical work /Student worked safely / | **Hypothesis** |  |  |  |  |
| **Dependent /independent variables** |  |  |  |  |
| **Constant variables** |  |  |  |  |
| **Measurements /observations to be made** |  |  |  |  |
| **Resources /Equipment Needed** |  |  |  |  |
| **Methodolgy** |  |  |  |  |
| **H&S awareness** |  |  |  |  |
| **1.2: Following Procedures Safely** | **Procedures followed correctly & safely** |  |  |  |  |
| **1.3: Observations /measurements are accurate** | **Results are repeated where appropriate** |  |  |  |  |
| **1.4: Results presented in appropriate format** | **SI UnitsLabels Standard Abbreviations** |  |  |  |  |
| **1.5: drawing valid conclusions** | **Give conclusion that is valid & related to aim. If no conclusion is drawn, statement to that effect.** |  |  |  |  |
| **1.6:Evaluating experimental Procedure** | **Evaluation supported by at least** **2 x justifications.** **2 x improvements to expt design** |  |  |  |  |
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| **Resubmissions** |  |  |  |  |  |
| **Standard** | **Date** | **Reason** |
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| **Teacher:** |  |  | **Verifier:** |  |
| **Date:** |  |  | **Date** |  |
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| **Pass/Fail:** |  |  | **Date:** |  |
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| Safety Checklist |
| *Note: may not all apply for every experiment* |
| *Note: Insert criteria required if not already listed* |
|  |  |  |  |  |
| **Criteria**  | **Required (Y/N)** | **Met** | **Signed** |  |
| Safety Goggles |   |   |   |  |
| Standing  |   |   |   |  |
| Bags clear from working area |   |   |   |  |
| Students understands experiment |   |   |   |  |
| Electrical wiring checked |   |   |   |  |
| No Eating/Drinking |   |   |   |  |
| Equipment attended at all times |   |   |   |  |
| Switched off between observations if required |   |   |   |  |
| Heavy equipment fixed securely |   |   |   |  |
| Manual handling safety |   |   |   |  |
| Hazardous chemicals |   |   |   |  |
| Laser safety |   |   |   |  |
| UV sources |   |   |   |  |
| Heat Sources |   |   |   |  |
| Open flames |   |   |   |  |
| Strong Magnetic fields |   |   |   |  |
| High volume noise |  |   |   |  |
| Sharps |   |   |   |  |
| Obstacles cleared from around area |   |   |   |  |
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