

Designing, Delivering & Moderating Level 2-3 Health Assessments

Haana Bovaird



Ko wai au?



Tēnā Koutou Katoa
Ko Pakeha Te Iwi
Nō Tamaki Makaurau ahau
Kei te Onehunga Ki te Kainga
Ko Haana tokū ingoa
Nō reira, tēna koutou, tēna koutou katoa



Introductions



Name:
School:

Number of Level 2 and 3 Health
Classes?

What Achieved Standards are offered and what topics do you assess?

What's on top (issues/questions)?

13 Health Outline

TERM 1									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
29-30 January	2-6 February	9-13 February	16-20 February	23-27 February	2-6 March	9-13 March	16-20 March	23-27 March	30-2 April
Intro / Course outline	Foundation booklet	Foundation booklet	3.1 NZ Health Issue Meth	3.1 NZ Health Issue Meth	3.1 NZ Health Issue Meth	3.1 NZ Health Issue Meth	3.1 NZ Health Issue Meth	3.1 NZ Health Issue Meth	3.1 NZ Health Issue Meth

TERM 2										
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
20- 24 April	27-1 May	4-8 May	11-15 May	18-22 May	25-29 May	1-5 June	8-12 June	15-19 June	22-26 June	29-3 July
3.3 Health Practices	3.3 Health Practices	3.3 Health Practices	3.3 Health Practices	3.3 Health Practices	3.3 Health Practices	3.4 Ethical Issues	3.4 Ethical Issues	3.4 Ethical Issues	3.4 Ethical Issues	3.4 Ethical Issues

TERM 3									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
20-24 July	27-31 July	3-7 August	10-14 August	17-21 August	24-28 August	31-4 September	7-11 September	14-18 September	21-25 September
3.4 Ethical Issues	3.4 Ethical Issues	3.5 Health Promotion	3.5 Health Promotion	3.5 Health Promotion	3.5 Health Promotion	3.5 Health Promotion			Exam back Revision

13 Health Assessments - Topics



91461 - NZ Health Issue

All students do Methamphetamine



91463 - Health Practices

Students pick their own health condition and practices.



91464 - Ethical Issue

Teach Euthanasia and students are encouraged to pick this. Some do other topics e.g. cannabis

12 Health Outline

TERM 1									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
29-30 January	2-6 February	9-13 February	16-20 February	23-27 February	2-6 March	9-13 March	16-20 March	23-27 March	30-2 April
BOY Booklet	BOY Booklet	BOY Booklet/2.2	2.2	2.2	2.2	2.2	2.2	2.2 Write up	2.2 /2.3 Write Up + Due
Year 9 (Thurs) Full School (Fri)	Waitangi Day (Fri)							Tournament Week	Easter Friday

TERM 2										
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
20- 24 April	27-1 May	4-8 May	11-15 May	18-22 May	25-29 May	1-5 June	8-12 June	15-19 June	22-26 June	29-3 July
2.3	2.3	2.3 Checkpoint Tasks 1 and 2	2.3	2.3 - Expo	2.3 Write Up	2.5 2.3 DUE	2.5	2.5 Investigations checkpoint	2.5 Part A Write Up	2.5 Part A Write Up + Checkpoint
	ANAZAC Day (Mon)			21st and 22nd May		King's Birthday (Mon)				SoD (Fri)

TERM 3									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
20-24 July	27-31 July	3-7 August	10-14 August	17-21 August	24-28 August	31-4 September	7-11 September	14-18 September	21-25 September
2.5 Strategies	2.5 Strategies	2.5 Part B Write Up	2.5 Part B Write Up + Due /2.1	2.1	2.1	2.1	EXAMS	EXAMS	2.1
						Tournament Week			SoD (Fri)

12 Health Assessments - Topics



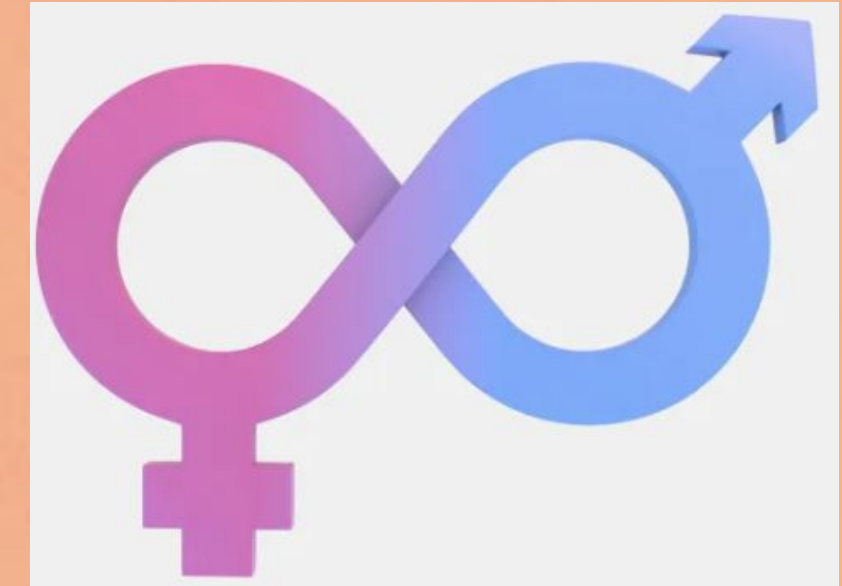
91236 - Managing
Change

Students pick their own
resilient role model



91237 - Take Action

Students work in
groups and **pick their
own** topics for a Health
Expo



91239 - Gender and
Sexuality

Students pick 2 factors
out of 4 that we provide
resources for

Health at MAGS

20 Teachers

26

9 Health
Classes

26

10 Health
Classes

4

11
Health
Classes

4

12 Health
Classes

5

13 Health
Classes

What we'll cover

**Planning and
preparation of
assessments**

**Delivery of
assessments**

**Marking
& Moderation**

**AI and
Plagiarism**

**Questions and
sharing time**



Part One:
Planning and
preparation of
assessments

Discussion: Course Leadership



With the person next to you, or in a small group, discuss how leadership is structured in your Level 2 and 3 Health courses.

Consider questions such as:

- Who leads each standard or unit?
- Is leadership shared across the team, or managed by the HoD or TIC?
- Do you divide responsibilities (e.g., planning, assessment design, moderation), or does one person carry most of the load?
- If you are a one-person department, how do you manage the full assessment cycle?

Be ready to share one strength of your current system and one challenge.

Course/Unit Leadership

12HE

Course Leader - MKN

Unit	Time of Unit	Unit Leader
2.2	Term 1	UFT
2.3	Term 2	MKN
2.5	Term 2 - 3	ABR
2.1	Term 3 - 4	NEW

13HE

Course Leader - LTH/BVD

Unit	Time of Unit	Unit Leader
3.1	Term 1	LTH
3.3	Term 2	BVD
3.4	Term 2/3	GOF
3.5	Term 3/4	BVD

Discussion: Preparation



Before teaching or assessing a new standard, what key steps do you take to prepare?

Pre Teaching	
Relevant NZQA documents have been downloaded and checked for changes (Achievement Standard, Clarifications, moderators reports, TKI resources, Specifications and Exemplars) Check changes from the previous year's internal review/moderation.	
Unit planned with the support of a standard leader.	
Assessment and assessment documents are prepared and checked over by every staff member teaching it. Instructions are clear. Deadlines and checkpoints are clear. Ensure these include information on plagiarism, resubmissions, and checkpoint expectations/consequences are clear.	
Meeting held to go over the above information and NZQA internal moderation sheet completed and signed off. PPT used.	
Upload all relevant information to google drive for team access. Assessment task/materials in HOPE drive. Course outlines and Assessment tasks	
While teaching - lead up to assessment	
If the assessment is a hard copy ensure all photocopying is completed. Possible email home re: upcoming assessment and deadlines/checkpoints. Offer of support Wed p .5 Tutorials.	
Meeting to ensure that all staff are clear of what is required for each grade. Check that everyone is sticking to the teaching schedule and on track for assessment deadlines. Turnitin is ready for submissions if using it for this AS.	
Immediately after assessment	
All staff check turnitin for submissions and plagiarism. All staff download assessments from Turnitin or google-c-room onto the drive. Course lead to set up folders for all assessments.	
Early marking check (grade revealed) - especially for those new to the standard or if changes have been made. Swap one or two papers with an experienced teacher to check grading. Then continue marking the rest of the class.	
Set a guideline/deadline for marking to be completed by and/or deadline for moderation swaps. A reasonable period of time for marking is 2 weeks depending on year level and size of assessment. This allows time for moderation, resubmissions and so students receive grades within a 4 week timeframe.	
After completion of marking	
Blind marking (grade not shown) - swap roughly three papers per marker and ensure that papers are moderated by a range of people if possible.	
Course lead to create a current year moderation folder in drive and make a copy of the MAGS internal moderation document (Course lead folder)	
Moderators to write up moderation and be prepared to discuss at the moderation meeting. Each teacher to record recommendations to improve the unit for next year. Course lead folder	
Meeting held to go over moderation and unit review/recommendations.UPDATE KAMAR MODERATION	
Offer resubs to those who meet the requirements for a resub. Consistency required. Marks should not be given back or on KAMAR until all resubs completed.	
Hand back assessments and have students sign off KAMAR sheet.	

Achievement Standard checklist

Pre - Teaching checklist

Pre Teaching

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Upload all relevant information to google drive for team access. Assessment task/materials in HOPE drive. Course outlines and Assessment tasks	

91461 + Version 3

13HE

Pre Unit Slides

Before each unit we go over Pre Unit slides.

Introduced in 2025 when we had 6 new teachers in the faculty.

91461 + Version 3

13HE

Key Learning intentions.

- Students will gain an understanding of why Methamphetamine is a health issue in NZ society.
- Students will gain an understanding of the factors that influence methamphetamine use in NZ society.
- Students will gain an understanding of the societal, interpersonal and personal implications of methamphetamine use.
- Students will gain an understanding of the strategies that could be/are being used to address the health issue and create equitable outcomes.

Unit timeline.

[13 HE1 timeline](#)

13HE2 timeline

Pete Thorburn 25th Feb

Standard - key aspects.

Analyse

Analyse in depth

Analyse, perceptively

- nature of the health issue in New Zealand
- explaining how the major factors influence the health issue
- implications for the well-being of people and society
- recommending strategies to bring about more equitable outcomes in relation to the health issue.
- supported by evidence.

Link to [standard](#)

Clarifications;

- At all levels, a critical perspective is needed. This means that students might: identify and challenge taken for granted assumptions, explore who is advantaged and disadvantaged by aspects of the health issue, focus on the 'key' aspects of the issue, and/or make explicit links to the underlying concepts of the learning area.
- Major determinants of health (cultural, political, economic and/or social) contribute to the health issue in the specified population the health issue has implications for people and society (including relationships between people) which may be positive or negative; short term or long term
- Health promoting strategies are needed that connect back to the influencing factors, reflect effective health promotion practice, and lead to equitable health outcomes (reflect the values of social justice).

Link to [clarifications](#)

Grades.

Evidence/Judgements for Achievement	Evidence/Judgements for Achievement with Merit	Evidence/Judgements for Achievement with Excellence
The student produces a report that analyses drug use by young people in New Zealand. In their report, the student has applied a critical perspective to the issue by: ☐ explained why drug use is a health issue for young people in New Zealand ☐ explained the major determinants of health that are influencing drug use by young people in New Zealand (cultural, political, economic and/or social) ☐ explained the implications for the well-being of individuals and their relationships with others and with wider society ☐ explained at least two strategies to bring about more equitable outcomes in relation to drug use by young people in New Zealand. ☐ the student supports their analysis with evidence from credible sources <u>that are relevant to New Zealand.</u>	The student produces a report that analyses, in-depth, drug use by young people in New Zealand. In their report, the student has applied a critical perspective to the issue by: ☐ explained in-depth why drug use is a health issue for young people in New Zealand ☒ ☐ explained in-depth the major determinants of health that are influencing drug use by young people in New Zealand (cultural, political, economic and/or social) ☐ explained in-depth the implications for the well-being of individuals and their relationships with others and with wider society ☐ recommending strategies for addressing the health issue that <u>take into account</u> the major determinants of health on the issue. ☐ <u>the</u> student supports their analysis <u>by the</u> use of detailed evidence.	The student produces a report that perceptively analyses drug use by young people in New Zealand. In their report, the student has applied a critical perspective to the issue by: ☐ recommending strategies based on a coherent explanation of drug use by young people in New Zealand and the impact of the determinants of health on the issue to the underlying concepts of the health learning area (that is: <u>hauora</u>, socio-ecological perspective, health promotion and attitudes and values) ☐ the student supports their analysis <u>by</u> the coherent and consistent use of evidence.

Checkpoints + assessment dates.

13HE1

Intro week 5

Factors 1 paragraph week 6

Implications 1 paragraph week 7

Assessment in class 8 - 10. Due 8th April

Previous years results.

Pass rate:

- 89.5% pass rate. This is 9.5% above NS and an improvement from 2023.
- M+ = 47.6% compared with 43.7% nationally and 65.8% EQI. Above NS in both gender and ethnic breakdowns but below the EQI across all areas.

Gender:

- Male = 84% pass rate, Female= 91.8% pass rate. These are both above NS but lower the EQI.
- The female pass rate improved by 8% and males by nearly 5% from 2023.

Ethnicity:

- Māori 91.7% pass rate, Pasifika pass rate 69.2%.
- 1 x Māori female and 1 Pakeha male (due to medical reasons) did not submit the first AS. 1x Maori male.
- Both Māori and Pasifika pass rates are above NS however the Pasifika pass rate for this 1st Internal assessment is below MAGS Health Dept expectations.



Patai?



*Part two:
Delivery of
assessments*

Discussion: Course Leadership

What formats or platforms do you use to deliver assessments?

What are the biggest challenges you face when running assessments?



Resource booklets

AS 91464 3.4 Analyse a contemporary ethical issue in relation to well-being.

Euthanasia

Resource booklet



Name:

Assisted dying in New Zealand so far: 143 deaths, one investigation, and no breaches of the law

By [Isaac Davison](#)

NZ Herald· 21 Jul, 2022

An investigation has been launched after a complaint was laid about an assisted death in a public hospital.

A family member of the person who died laid a complaint about their experience at the hospital to the Ministry of Health.

The ministry's assisted dying secretariat has upheld the complaint and referred it to the Health and Disability Commissioner, who has begun an investigation.

Further details, including the location of the hospital, were not known. The ministry did not provide further information, and the commissioner's office said it could not comment on an active investigation.

It was one of four complaints in the first five months of the Assisted Dying Service, which came into force in November after a majority of New Zealanders backed legal euthanasia in a public referendum. The three other complaints had been resolved.

The Assisted Dying Registrar's first annual report on the service - which covers the period from November to March - shows that there had been no breaches of the law so far. Aside from the complaints received by the ministry, feedback has been overwhelmingly positive, the report by registrar Kristin Good said.

Patients and family members reported they were happy with the process, with the support from doctors, and the "peaceful" and "dignified" deaths of their loved ones.

End of Life Choice Society president Ann David said she had received glowing reports about the service. She said even patients who were "bitterly disappointed" to not qualify for an assisted death had been counselled "with warmth and compassion" by their doctors. She told the story of an elderly woman who had not wanted to die in her room in a rest home and arranged to die in a beautiful outdoor setting in the bush.

"Within minutes she fell into a sleep from which she never awoke. She had avoided a prolonged and gruelling death, remaining instead in personal control to the end."

The latest data shows that 400 people have applied for an assisted death up to June, and 143 people have died.

Around 80 per cent of applicants were Pakeha, and more than half were older than 65. The majority of applicants for the service had been diagnosed with cancer.

The number of people having their applications rejected was high by international standards - possibly because of the relatively strict criteria to access assisted dying in New Zealand.

A total of 68 people (17 per cent) were deemed ineligible, more than half of them because they did not have a terminal illness which was likely to end their life within six months.

Act Party leader David Seymour, who led the law change, said the ministry had done an "outstanding job" in running the service so far.

He noted that some applicants had died waiting for approval from the ministry.

"In some ways, they are the most tragic cases. But if nobody died waiting for approval, you might ask if [the process] was going too quickly. And if too many people did, then you might ask if it was too rigorous."

Seymour said the "one big failing" of the law was the decision to narrow its scope to exclude people with "grievous and irremediable" conditions - such as motor neurone disease.

He said he agreed to this amendment to ensure that the law would pass, but still felt people with these conditions should be able to access euthanasia.

The registrar's report said that one of the main themes of feedback to the ministry was that the threshold for accessing euthanasia was too high.

"The legislation is not as enabling as some people were hoping for with the criteria making an assisted death more restrictive than overseas jurisdictions.

"This was coupled with hope for a broadening of criteria over time."

John Kleinsman, a bioethicist at Catholic organisation The Nathaniel Centre, said he hoped that the ministry would collect a broader range of data on assisted dying, including people's reasons for choosing the service.

This could help safeguard against wrongful deaths by helping to identify whether people felt a "duty to die" because they were a burden on family or caregivers, he said.

His main concern was the increasing demands on an underfunded palliative care sector. Demand is projected to rise 50 per cent in the next 10-12 years, and access is uneven depending on where you live.

"It has been well documented that palliative care is grossly underfunded in Aotearoa. The idea that assisted dying will become a solution to a lack of quality end-of-life care is extremely distressing and frankly unethical and undermines the notion of it being a choice."

New Zealanders voted in favour of legalising assisted dying in a public referendum in 2020, with 65 per cent of voters in favour and 34 per cent against.

Reflection Questions

1. Patients and family reported what about the process?

2. How many people had applied up until June '22?

3. How many people had died up to June '22 since the it became legal?

4. What ethnic group made up most of the applicants? Why do you think this is?

5.What condition did most applicants have?

6.What was the dominant age bracket for applicants? Does this surprise you? Why might this group be the largest and not 85+?

7.Seymour says there is “one big failing” of the law- what is this? why is this?

8.What is Kleinsman’s main concern (from The Nathaniel Centre)

Assisted dying now an option for some with a terminal illness

<https://www.rnz.co.nz/>
8 November 2021

People enduring unbearable suffering from a terminal illness are now able to ask for medical help to end their lives.

The End of Life Choice Act was put to a binding referendum at last year's election and gained 65.2 percent support.

It came into effect yesterday - exactly one year later.

For Bobbie Carroll, who has terminal cancer, the law has always been about simply allowing choice.

"Every Kiwi in New Zealand was a winner when this went through. No one is forced to do anything. Anyone that wants assisted dying can have it and people that don't want to do not have to avail themselves.

"It's one of the few times when legislation or a referendum ends up with everyone being a winner and it's just brilliant."

But palliative care expert and anti-euthanasia group Care Alliance spokesperson Sinead Donnelly said the legislation made a mockery of choice.

"We're told that the Ministry of Health apparently had about 40 people contracted or working on this End of Life Choice Act. You know, there's nobody in the Ministry of Health overseeing the development of palliative care, so what choice is that truly.

"If people are burdened by symptoms and distress and have an inadequate palliative care service in their region for whatever reason and as a result their distress becomes intolerable and then they request this - that wasn't a real choice.

"The fact that palliative care, 50 percent of its funding in this country depends on op shops and cake sales and fund-raising ... and the Ministry of Health is fully funding the End of Life Choice Act. So - what choice is that?

Carroll disagrees. She said sometimes even those with best end of life care, eventually have enough.

"This is for serious illness, serious situations. Where people have just had enough. They are dying, nothing is gonna change the fact that they're dying and it's about how they die."

The eligibility test includes only having six months to live and being of sound mind.

The person must also be over 18 and be a citizen or permanent resident.

Two doctors must be involved - one of them appointed by the Ministry of Health's SCENZ oversight committee.

A psychiatrist can also be called in if there are any uncertainties.

A health practitioner cannot initiate any conversation about euthanasia and the person can change their mind at any time.

Ninety-six doctors have expressed an interest in helping those patients who want to die.

Based on overseas experiences, the ministry estimates up to 950 people could apply for assisted dying each year, with up to 350 being assisted to die.

Now that it is legal, for Donnelly and the Care Alliance, the focus is now on making sure it does not operate in the shadows.

"The most important thing is data collection. So we have engaged with, or tried to engage with, the Ministry of Health to determine what data they will collect around why a patient would choose this assisted suicide.

"So if if the purpose of this legislation was simply choice you don't actually have to collect any data because that doesn't matter but if the focus is also on safety and safeguards ... then it's imperative to collect data from the beginning."

More data than what they had been told would be collected, was required, she said.

"In Oregon, the data is collected about whether it's due to physical pain, loneliness, fear of pain, fear of being a burden, fear of institutionalisation.

"Also data like, how did the health care practitioner determine that the prognosis was less than six months? How did they determine the intolerable suffering? And what was the cause of that suffering? Did they know whether the patient had mental health issues? Did the patient have a recent bereavement ... all these factors could impact on the person's decision to request this."

The Ministry of Health said that it has ensured a robust process and safeguards have been set up for assisted dying.

"The Ministry has worked closely with a wide range of health and disability sector representatives to ensure the service is safe and accessible to those who request this option," it said in a statement.

Dr Kristin Good has been appointed the registrar for assisted dying by the government.

"The health sector has been thoughtful and engaged as we worked together over the past 12 months to form an assisted dying service," she said in a statement.

"As well as meeting the legislative requirements, the implementation has focused on ensuring there is a workforce trained and ready to care for people with a terminal illness who may seek this service, and there are important safeguards in place."

"It's important to reiterate that assisted dying is not a replacement for palliative care or health care services. It provides another option for people with a terminal illness in certain circumstances."

"There are strict eligibility criteria. Not everyone with a terminal illness will be eligible."

Before ACT deputy leader Brooke van Velden was elected to Parliament, she played an instrumental role in getting party leader David Seymour's End of Life Choice bill across the line.

She said it had been a long road.

"This weekend New Zealand became a kinder, more compassionate and humane society for allowing people who are struggling and suffering in those last few days with their terminal illness.

"Choice and compassion on how and when they go - I think that's what we should have."

Ministry of Health will fully fund the costs associated with end of life choice.

Reflection Questions

1. What group or organisation does each of the following people represent: Bobbie Carroll, Sinead Donnelly, and Brooke van Velden?

Bobbie Carroll _____

Sinead Donnelly _____

Brooke van Velden _____

2. Why does Bobbie Carroll believe the End of Life Choice Act is a positive step for New Zealand, and how does her personal experience shape her view?

3. What concerns does Sinead Donnelly from the Care Alliance raise about the fairness of the law, particularly in relation to palliative care?

4. Why do you think some people, like Brooke van Velden, see the law as compassionate and kind, while others see it as potentially dangerous?

While teaching - lead up to assessment

If the assessment is a hard copy ensure all photocopying is completed. Possible email home re: upcoming assessment and deadlines/checkpoints. Offer of support Wed p .5 Tutorials.	
Meeting to ensure that all staff are clear of what is required for each grade. Check that everyone is sticking to the teaching schedule and on track for assessment deadlines. Turnitin is ready for submissions if using it for this AS.	

Assessment Outline

Health Department

Internal Assessment: Health Science 3.1

Achievement Standard: 91461

Analyse a New Zealand Health Issue

Credits: 5

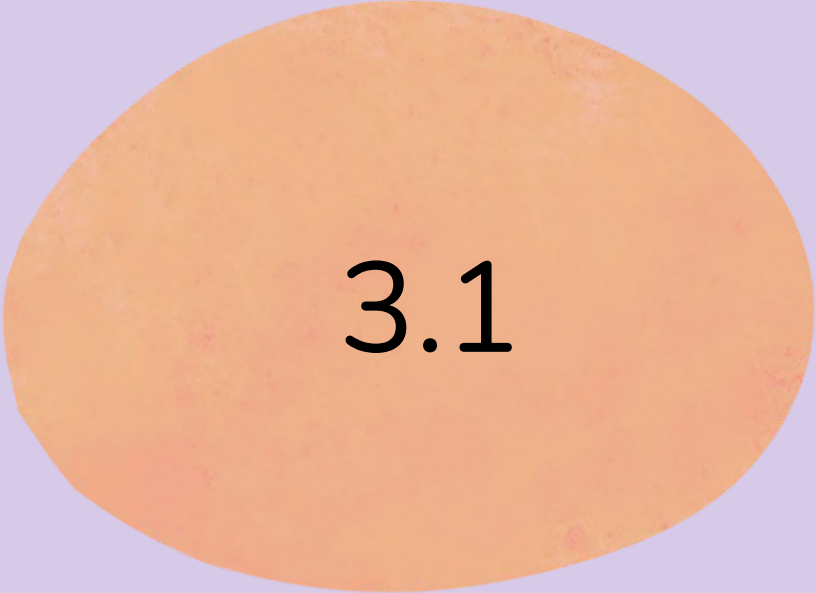


A hard copy of an [Assessment Outline](#) is given to each student and a PDF uploaded to Google Classroom

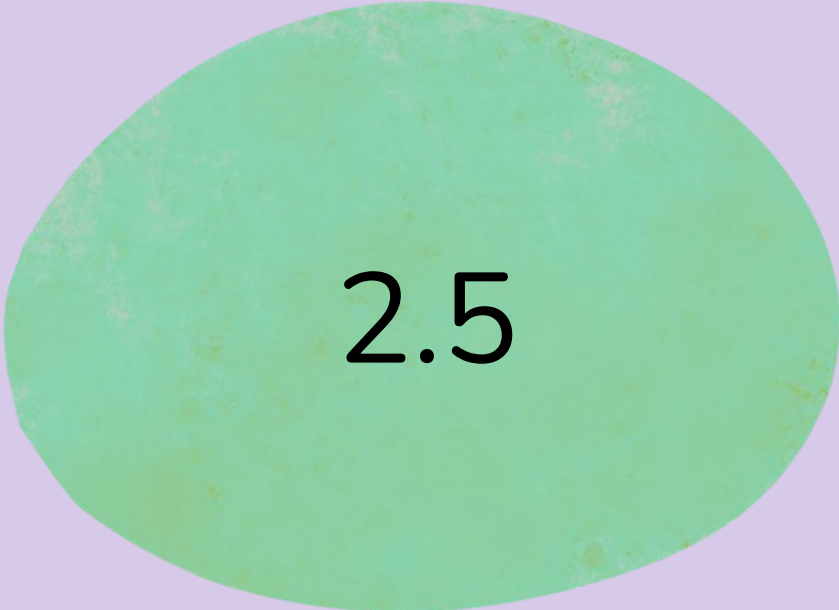
Assessment Templates

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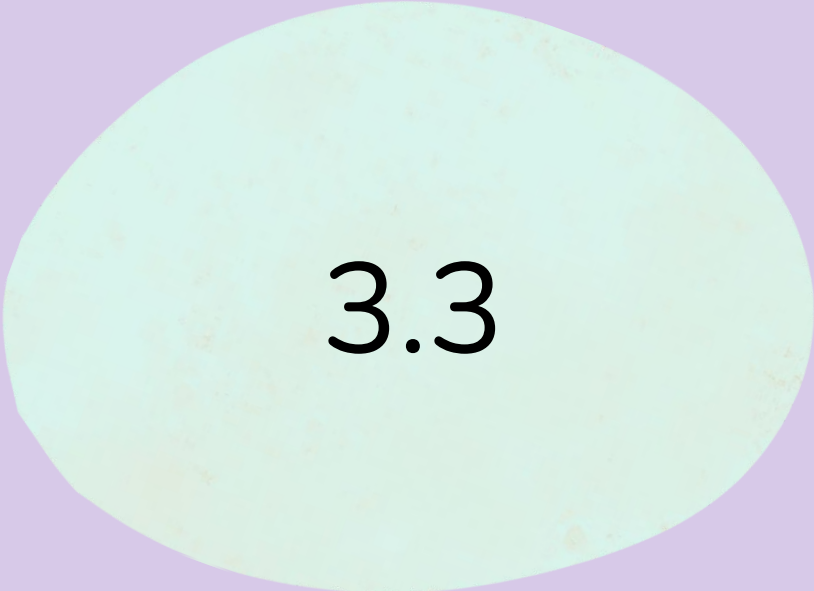
2.2

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3.1

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2.5

A light green oval with a textured, watercolor-like appearance, containing the number 3.3.

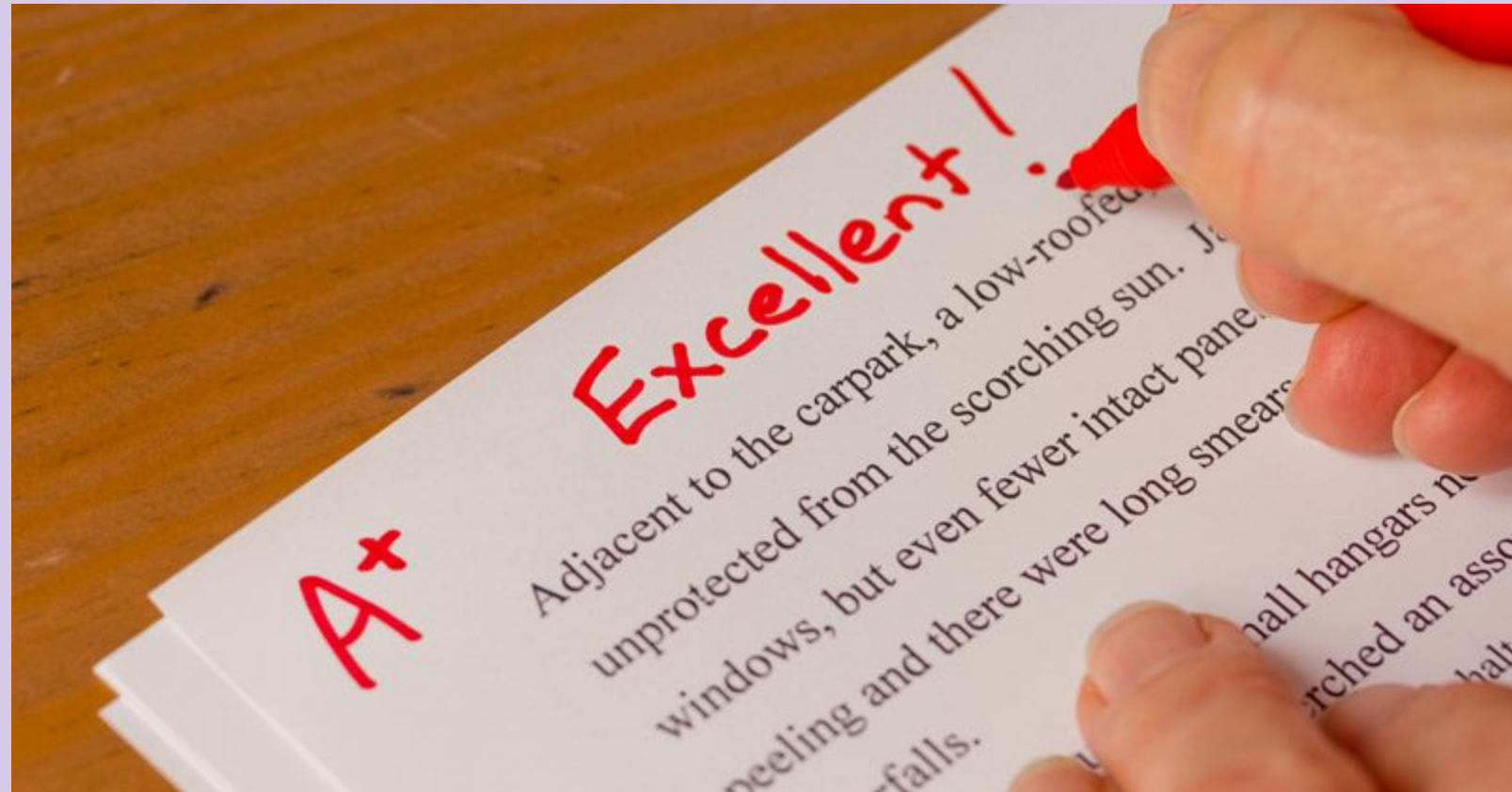
3.3

Checkpoints & Feedback

Week	Monday	Tuesday	Wednesday	Thursday	Friday	WEEKEND
Week 4		Assessment intro & planning	Research and Intro	Intro and HP1 Procedure and Philosophy Intro DUE 6pm	HP1 Procedure and Philosophy	HP1 Advantages/ Disadvantages
Week 5	Working from home HP1 Advantages/ Disadvantages	Working from home HP1 Advantages/ Disadvantages HP1 Complete DUE 6 pm	HP 2 Philosophy and Procedure	HP 2 Philosophy and Procedure	HP2 Advantages/ Disadvantages	HP2 Advantages/ Disadvantages
Week 6	HP2 Advantages/ Disadvantages	Justified Conclusion	Justified Conclusion	Proofreading & Checklist	Assessment due 29th May	



Patai?



Part three: Marking and Moderation

NZQA learning management software – Pūtake

Assessor Support

See how our online resources and targeted support can improve your assessment practice

About Assessor Support

Assessor Support is a range of free, interactive resources for assessors who assess internal standards.

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- online learning modules
- collaborative workshops
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- the Assessor Practice Tool

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[Log in to Pūtake](#) 



Kia ora and welcome to Pūtake,
NZQA's learning management system.

Secondary teachers / Tertiary providers

Use your Education Sector Logon (ESL) to access Pūtake.

Login via ESL

NZQA Kaimahi and other users

Use your username and password to access Pūtake.

Log in

If you have forgotten your login credentials, or have any issues logging in, please contact the Learning Management System (LMS) Support Team at lms.help@nzqa.govt.nz. Check out our troubleshooting tips [here](#).



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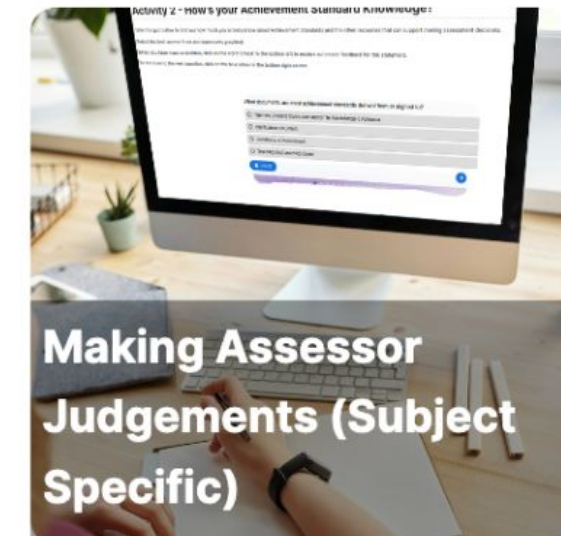
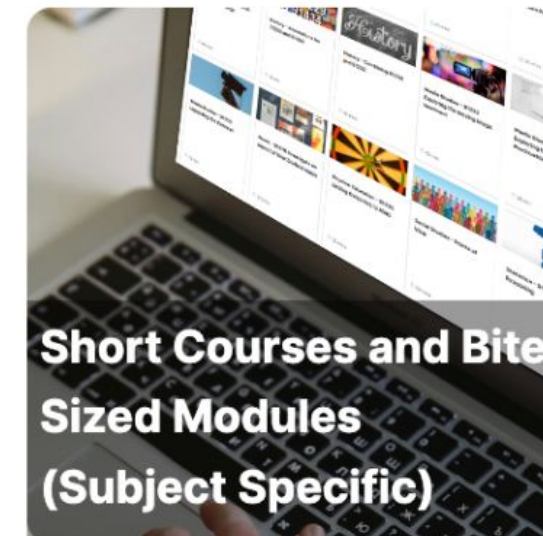
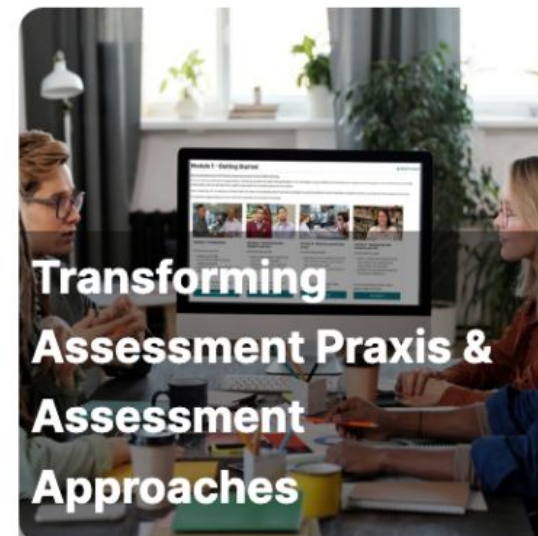
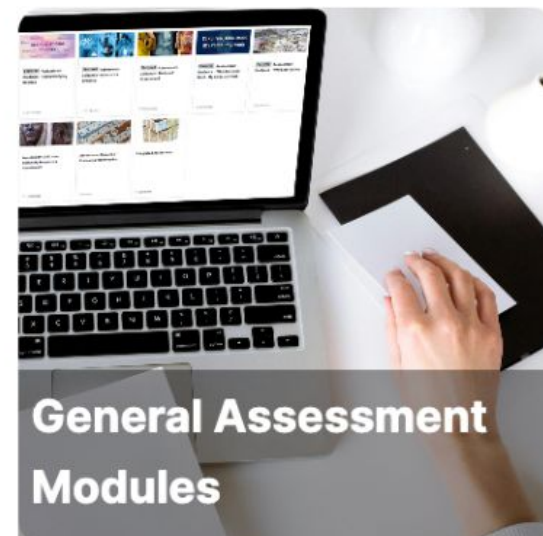
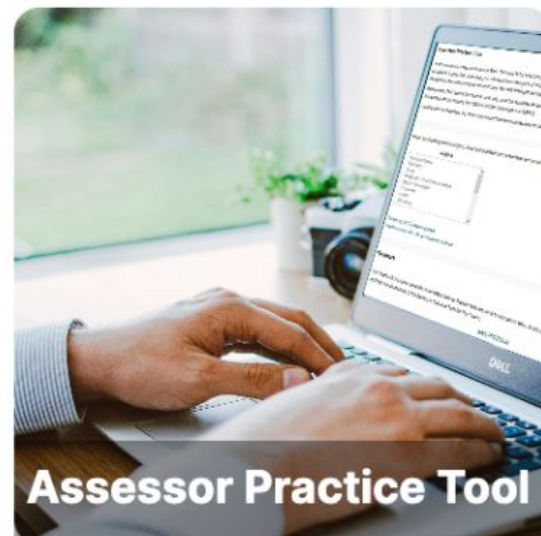
Putake - APT

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Kia ora, welcome to Pūtake.

Here you can find Assessor Support courses, modules and workshops provided by NZQA. The courses available for you to enrol in can be found using the tiles below, where they have been grouped into the different types of e-learning. The courses that you are currently enrolled in are displayed in the **Current Learning** panel on the right-hand side of this page. You can also use the **Catalogue** to view all the content available.

Support for internal assessment



Putake - APT

Assessor Practice Tool

Welcome to the Assessor Practice Tool. This is an opportunity for teachers/kaiako to practice making assessment judgements for Achievement Standards. You will choose which subject and achievement standard you would like to practice, and then you will be shown samples of student work and asked to determine which grade should be awarded. After you submit your grade, you will see the grade awarded by a moderation panel, along with their reasoning as commentary. You will then get an opportunity to change your grade and see further samples.

Please note that this tool is for teacher use only, and the samples of student work are not to be downloaded, shown to students/ākonga, or used for other purposes.

Participation is recorded, but there are no performance measures for individual teachers/kaiako.

Begin by choosing which subject, level and achievement standard you would like to practice.

Subject

Business Studies
Chemistry
Design and Visual Communication
English
Home Economics
Media Studies
Physical Education
Statistics

[Delete my APT assessor grades](#)

Start

Feedback

The feedback section is an online form, linked below. Please take the time to complete this, as feedback on your experience with the Assessor Practice Tool is very important to us and will help us in the next phase of development of this tool.

[GIVE FEEDBACK](#)

My Record

Subject	Samples Completed
Design and Visual Communication	2
Media Studies	0
Statistics	0
Chemistry	0
English	0
Home Economics	0
Physical Education	0
Technology	2
Visual Arts	1
Business Studies	3

Putake - APT

Welcome to the Assessor Practice Tool

This tool allows teachers/kaiako to practice assessment judgements for Achievement Standards.

- Select a subject and achievement standard.
- Grade student samples and compare with moderation panel reasoning.
- Review your history via the **‘View full report’** button in **My Record**.

Important: This tool is for teacher use only. Samples must not be downloaded or shared. Failure to comply may breach the Privacy Act (2020) and Copyright Act (1994).

Participation is recorded for engagement, not performance measurement.

Putake - APT

Assessor Practice Tools are available for the following standards:

Health Level 2

- Standard 91235

Health Level 3

- Standard 91461
- Standard 91463
- Standard 91464

Access the tool here: <https://lms.nzqa.govt.nz/totara/dashboard/index.php?id=118>

Immediately after assessment

All staff check turnitin for submissions and plagiarism.

All staff download assessments from Turnitin or google-c-room onto the drive. Course lead to set up folders for all assessments.

Early marking check (grade revealed) - especially for those new to the standard or if changes have been made. Swap one or two papers with an experienced teacher to check grading. Then continue marking the rest of the class.

Set a guideline/deadline for marking to be completed by and/or deadline for moderation swaps.

A reasonable period of time for marking is 2 weeks depending on year level and size of assessment. This allows time for moderation, resubmissions and so students receive grades within a 4 week timeframe.

Google Classroom Folders



A



E



M



Mod



NA



Resub





Student: ****

Mt Albert Grammar School Health

MARK SHEET

AS 91463 (3.3) v3

Evaluate health practices currently used in New Zealand

Credits:5

Assessment Criteria

Achievement Paetae	Achievement with Merit Kaiaka	Achievement with Excellence Kairangi
Evaluate health practices currently used in New Zealand	Evaluate, in-depth, health practices currently used in New Zealand	Evaluate, perceptively, health practices currently used in New Zealand

Your grade:	N	A	M	E (7)
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Teacher sign: _____ Student Sign _____ Date: _____

Comment: Well done ****, you have produced a in-depth evaluation for vertigo and the two selected practices, acupuncture and Meclozine. You compared their key advantages and disadvantages in depth, showing how each practice supports symptom management in different ways. Your reasoning was logical and well supported. To improve your grade, you could strengthen your application of the underlying health concepts and ensure you are clear and concise with your writing.

Resubmit:	Not Recommended	✓	It is not possible to improve your grade in a resubmission.
Resubmit on:	Recommended		It is possible to improve your grade in a resubmission.
•			

Your grade: after resubmit	N	A
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Moderator's decision:	Agree / Disagree	Moderator's grade:
	Moderator's code:	Signed:

Evidence/Judgements for Achievement	Evidence/Judgements for Achievement with Merit	Evidence/Judgements for Achievement with Excellence
The student evaluates two different health practices currently used in New Zealand to manage/treat their health condition. For each health practice, the student: ☒ explains the procedures involved in treating/managing the health condition. ☒ explains the philosophy that underpins the health practice being used to treat/manage the health condition in relation to WSM, CAM and/or TM. ☒ discusses the significant advantages and disadvantages of the health practice when used to treat/manage the chosen health condition. ☒ uses evidence from credible sources to support the evaluation of health practices for treating/managing the health condition.	The student evaluates in-depth two different health practices currently used in New Zealand to manage/treat their health condition. For each health practice, the student: ☒ compares the significant advantages and disadvantages of health practices when used for treating/managing the health condition and draws conclusions supported by reasoned arguments.	The student perceptively evaluates two different health practices currently used in New Zealand to manage/treat their health condition. For each health practice, the student: ☒ makes connections between a relevant selection of underlying concepts (that is, hauora, socio-ecological perspective, health promotion, and attitudes and values), the underlying philosophies, and the significant advantages and disadvantages of the health practices in regard to treating/managing the health condition. ☒ draws justified conclusions.

Internal Moderation

	BVD	GOF	LTH
BVD		DS	AM
GOF	KM		LL
LTH	MF	RB	

Internal Moderation

HEALTH EDUCATION		Verification of Assessment Judgements		
				
Year: 2026 Level 3 Health		Assessment Task: 91461 (3.1)		
Moderator: BVD		Markers: LTH, WSN, GOF		
Student's Name	Marker's Grade	Verifier's Grade	Grade Reported	Summary of discussion comments
#####	A	A	A	Intro: Good overview limited evidence. Factors: The student has chosen to talk about the DOH (Social, Political, Economic and Cultural) rather than specific factors. Because of this they have given a general overview of a number of factors rather than going in-depth on the key factors. Limited use of evidence throughout. Mention of strategies in factors and no interconnection between factors. Imps: Some understanding of the key societal implications. Some use of evidence, some areas lacked explanations of the causes of the implications. Personal and interpersonal implications are explained; however, some aspects are more of a list. Strategies: TNTF - some good ideas but link to overcoming factors could have been explained better. Some poor links are made to social and cultural environments. Disadvantaged due to the initial selection of DOH rather than factors. The second strategy has better links to overcoming factors but lacks evidence. Overall: Factors and better use of evidence throughout would have improved grade.



Issues with moderation?

Discuss the moderation issues you commonly face.

If you have work samples you'd like checked, this is a good time to share them.



National Health Moderators Report

The following report gives feedback to assist assessors with general issues and trends that have been identified during external moderation of the internally assessed standards in 2025.

It also provides further insights from moderation material viewed throughout the year and outlines the Assessor Support available for Health.

Please note this report does not introduce new criteria, change the requirements of the standard, or change what we expect from assessment.

91236: Evaluate factors that influence people's ability to manage change

- A clear 'change situation' is needed to ensure the requirements of the standard can be met. Grades were changed in moderation where a clear 'change situation' was not provided, or where multiple 'change situations' were given. Without a specific, clearly stated 'change situation', it is difficult for students to understand risk and protective factors relevant to the change. Explanatory Note 4 of the standard provides further information about the nature of the 'change situation' needed for an analysis.
- Risk and protective factors are personal, interpersonal, and societal influences on a person's ability to manage life's changes. Risk factors increase the likelihood of difficulties coping with change, while protective factors better enable people to cope with life's changes. These influences must exist prior to the change situation being experienced.
- The standard requires students to explain strategies that will maintain protective factors and/or minimise the risk factors at all levels (personal, interpersonal, and societal). The levels at which the proposed strategies aim to address protective and/or risk factors must be clear in the student evidence. To show understanding of level, students' descriptions of strategies should be framed in terms of what they involve for the individual, others, and the wider community. Explanations of strategies need to include a clear description of the strategy, the action it involves, and reasons to justify why and how it will help the person to cope with the change situation and be resilient when faced with future changes.

91464: Analyse a contemporary ethical issue in relation to well-being

- Explanations of contrasting perspectives include at least two groups for each opposing perspective. It is expected that the perspectives be those of major stakeholders/groups, rather than focusing solely on individuals, in order to gain more critical insight into the opposing perspectives.
- Implications for wellbeing need to be considered in relation to current practice in the country being examined. It needs to be clear where groups for and against the ethical issue are based, and where implications for current practice are being considered. Current practice is often determined by laws and/or social mores and is likely to align with one of the perspectives.
- For Excellence, it is expected that students will clearly link perspectives of the selected groups to their ethical foundations. For example, linking the rights approach with the Endof-Life Choice Society's stance on assisted dying.

91464: Analyse a contemporary ethical issue in relation to well-being

- The implications on wellbeing should be of current practices associated with the chosen issue, rather than of the issue itself. For example, when analysing the issue of assisted dying, the implications should be of the current law and practice. This could include consideration of ideas such as “if it is now legal in New Zealand, what are the implications of this on the wellbeing of the individual, others, and society?”
- A critical perspective is needed at all levels of achievement. This could involve identifying and challenging taken-for-granted assumptions, exploring who is advantaged and disadvantaged by aspects of the ethical issue, focusing on the ‘key’ aspects of the issue, and/or making explicit links to the underlying concepts of the learning area.
- At all levels of achievement, the analysis of the ethical issue needs to be supported by recent and relevant evidence.



Patai?



Part Four: AI and Plagiarism



Academic Integrity Review



1. Detection

What tools are available to pick up plagiarism and AI?



2. Action

What are we doing once this has been detected?

Tools to help with AI and Plagiarism



Turnitin

All senior and Year 10 assessments are uploaded to Turnitin.



Exam.net

We are trying [Exam.net](https://www.exam.net) for 2.5 this year and use it for any in class tests in Year 10 and 11.



Process Feedback

We use process feedback as a Google add on to track students work on their document.



Patai?

Part Five: Use this time to exchange ideas or work on a practical change you can introduce next term.

Ngā mihi Kia Koutou

Thank you for joining in this kōrero today!