## Assessment Plan Sample

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Candidate:** | | | **Assessor:** | | | |
| **Qualification:** | | | | | | **Level:** |
| **Unit(s):** | | **Element(s)** | | | | |
| **Date:** | | **Time:** | | | | |
| **Details of proposed activities/Assessment details** | | | | | | |
| **Candidate’s comment-** | | | | | | |
| **Date of next visit:** | **Time:** | | | **Location:** | | |
| **Signature of candidate:** | | | | | **Date:** | |
| **Signature of Assessor:** | | | | | **Date:** | |
| **Signature of IV- (if sampled):** | | | | | **Date:** | |

## Feedback record Sample

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Candidate:** | | **Assessor:** | | | |
| **Qualification:** | | **Level:** | | | |
| **Unit(s): Element(s)** | | | | | |
| **Date: Time:** | | | | | |
|  | | | | | |
| **Judgement record, comments and feedback to Candidate:**  **Assessment decision: Candidate Competent:**   **further evidence required:** | | | | | |
| **Date of next visit:** | **Time:** | | **Location :** | | |
| **Action to be taken for next visit:** | | | **By whom** | | **By when** |
|  | | |  | |  |
| **Signature of candidate:** | | | | **Date:** | |
| **Signature of Assessor:** | | | | **Date:** | |
| **Signature of IV- (if sampled):** | | | | **Date:** | |