## Assessment Plan Sample

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| --- | --- |
| **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

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| --- | --- |
| **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:**  |