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| **Training Assessment Plan (Part 1)** |



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| **Learner Name** | [LearnerName] |
| **Assessor Name** | [AssessorName] |

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| **Unit Title** | | | [CourseTopic] | | | | | **Level** |  | | | **Date** | | | [Date] | |
| **Assessment Method** | | | Professional discussion | | |  | Observation | | | |  | | | Assignment | | X |
| Project |  | Webinar & Workbook | |  | Witness testimony | | | | |  | | | Reflective account | | | |

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| **Feedback to learner on the following areas:** |
| **Assessment criteria and content of activity**  [Content]  **Core Skills**  [Skills]  **Referencing and bibliography**  [Reference]  **Further development**  [Development] |

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| **Assessment criteria identified on the activity brief has been met?** | **[NoYes]** |
| **If No, resubmission within:** | **[Days]** |

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| **I can confirm that this piece of evidence is:** | | | |
| **Valid**  **Reliable**  **Authentic**  **Sufficient** | | | |
| **Assessor Signature** |  | **Date** | **[AssessorDate]** |
| **Counter Signature**  **(if required)** |  | **Date** | **[AdminDate]** |