Assessor Feedback to Learner

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| **Learner name:** |  | |
| **Assessor name:** |  | |
| **Qualification name and number:** |  | |
| **Please list the assessment objectives which were achieved:** | | |
|  | | |
| **Feedback from assessor to learner:** | | |
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| **Comments from learner:** | | |
|  | | |
| **Has the learner achieved or not yet achieved?** | |  |

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| **Any further actions? (Please initial and date once actions have been completed):** | | | |
|  | | | |
| **Assessor signature:** |  | **Date:** |  | |
| **Learner signature:** |  | **Date:** |  | |