

Assessor's Report Guidance

Activity:

Date Started:

Date completed:

Months:

(Must match the dates that is on eDofe, and be the correct duration)

Goals set by the participant:

Assessor Comments:

- **Describe the achievements of the Participant**
- **How they met their goals**
- **What skills they have developed, and any memorable things they accomplished**
- **Please remember to keep comments personal and positive and encouraging**
- **States weekly sessions(does not include school holidays if it's a term time based activity e.g. done within school) : 3 Months = 13 1 hour weekly sessions**

6 Months = 26 1 hour weekly sessions

12 Months = 52 1 hour weekly sessions

18 Months = 78 1 hour weekly sessions

Signature:

Date:

Assessor's First Name:

Last Name:

Assessor's position/ Qualification:

Assessor's Phone Number:

Assessor's email:

(The Assessor can't be a family member)