RUTLAND AND DISTRICT SCHOOLS' FEDERATION

RUTLAND & DISTRICT SCHOOLS' FEDERATION

Assessor's Report

SKILLS

Participant: _____

eDofE ID No: _____

Level: **Gold**

Activity: _____

Date Started: ___ / ___ / ___ Completed: ___ / ___ / ___ (_____ months)

Goals set by participant: _____

_____

Assessor's Comments:

Please write as much as possible, talking about training, teamwork (if applicable) and achievements. What you write will celebrate the achievement of the young person and will form part of their permanent record of their DofE programme.

I confirm that the above participant has attended during the above period and has averaged at least 1 hour per week over this period.

Signature: _____ Date: ___ / ___ / ___

Assessor's first name: _____ Last name: _____

Assessor's position/qualification: _____

Assessors phone number: _____

Assessors Email: _____

Participants should scan or photograph this page and upload to eDofE as evidence.

RUTLAND AND DISTRICT SCHOOLS' FEDERATION

RUTLAND & DISTRICT SCHOOLS' FEDERATION

Assessor's Report

PHYSICAL

Participant: _____

eDofE ID No: _____

Level: **Gold**

Activity: _____

Date Started: ___ / ___ / ___ Completed: ___ / ___ / ___ (_____ months)

Goals set by participant: _____

_____

Assessor's Comments:

Please write as much as possible, talking about training, teamwork (if applicable) and achievements. What you write will celebrate the achievement of the young person and will form part of their permanent record of their DofE programme.

I confirm that the above participant has attended during the above period and has averaged at least 1 hour per week over this period.

Signature: _____ Date: ___ / ___ / ___

Assessor's first name: _____ Last name: _____

Assessor's position/qualification: _____

Assessors phone number: _____

Assessors Email: _____

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RUTLAND AND DISTRICT SCHOOLS' FEDERATION

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Assessor's Report

VOLUNTEERING

Participant: _____

eDofE ID No: _____

Level: **Gold**

Activity: _____

Date Started: ___ / ___ / ___ Completed: ___ / ___ / ___ (_____ months)

Goals set by participant: _____

_____

Assessor's Comments:

Please write as much as possible, talking about training, teamwork (if applicable) and achievements. What you write will celebrate the achievement of the young person and will form part of their permanent record of their DofE programme.

I confirm that the above participant has attended during the above period and has averaged at least 1 hour per week over this period.

Signature: _____ Date: ___ / ___ / ___

Assessor's first name: _____ Last name: _____

Assessor's position/qualification: _____

Assessors phone number: _____

Assessors Email: _____

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RUTLAND AND DISTRICT SCHOOLS' FEDERATION

RUTLAND & DISTRICT SCHOOLS' FEDERATION

Assessor's Report

RESIDENTIAL

Participant: _____

eDofE ID No: _____

Level: **Gold**

Activity: _____

Date Started: ___ / ___ / ___ Completed: ___ / ___ / ___

Goals set by participant: _____

_____

Assessor's Comments:

Please write as much as possible, talking about training, teamwork (if applicable) and achievements. What you write will celebrate the achievement of the young person and will form part of their permanent record of their DofE programme.

I confirm that the above participant has attended during the above period and has averaged at least 1 hour per week over this period.

Signature: _____ Date: ___ / ___ / ___

Assessor's first name: _____ Last name: _____

Assessor's position/qualification: _____

Assessors phone number: _____

Assessors Email: _____

Participants should scan or photograph this page and upload to eDofE as evidence.