

FEEDBACK SHEET

Candidate Name: _____

Client Name: _____

Service: _____

Date: _____

Target time for service: _____

Actual time for service: _____

What went well and why?

EVALUATION OF SELF	EVALUATION FROM TUTOR

What was challenging?

EVALUATION OF SELF	EVALUATION FROM TUTOR

Any new skills learnt?

EVALUATION OF SELF	EVALUATION FROM TUTOR

Improvements needed

EVALUATION OF SELF	EVALUATION FROM TUTOR

Plan of Action

EVALUATION OF SELF	EVALUATION FROM TUTOR

Signature: _____

Candidate

Signature: _____

Tutor