**Foundation Apprenticeships (FA) Learner Review Document**

This document must be completed as prescribed in the associated guidance.

Please complete all fields in the form in black or blue pen

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| **1. Learning Provider**  |  |
| **2. Learner Name** |  |
| **3. FA Framework** | Please click here and choose a Framework |
| **4. Date of Review** | Click to select a date |
| **5. Milestone/Outcome** |  |

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| **6.** **Learner Progress and Achievement of FA Framework** |
| **Unit Title** | **SQA Registered?** | **Date started** | **Achieved?** |
|  |  | Click to select a date |  |
|  |  | Click to select a date |  |
|  |  | Click to select a date |  |
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|  |  | Click to select a date |  |
|  |  | Click to select a date |  |
| **Provider’s comments on learner’s progress** |
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| **7. Barriers to learning – if not appropriate please add N/A** |
|  |
| **8.** **Employer update on Learner Progress in the Workplace** |
| **Employer representative name:**  |
| If no comment from Employer, please input N/A |
| **9.** **Learner Comments** |
|  |
| **10. Next Actions** |
|  |

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| **11. What Employer Engagement activities have taken place or are planned to take place during the period of the review?** |
| **Type of Employer Activity** | **Date / Planned Date** | **Activity** |
|  |  |  |

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| --- | --- |
| **12. Signatures** | **Date of Signature** |
| **Learner Name** |  |  |
| **Learner Signature** |  |
| **Provider Representative Name** |  |  |
| **Provider Representative Signature** |  |