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

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

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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. Outcome** |  |

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| **6. Is the Learner registered with SQA for the full FA qualification?** **Please indicate in field.** | **Yes/No** |  |

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| **7. Is the Learner on track with their programme?** **Please indicate in field.** | **Yes/No** |  |
| **If No – please indicate what support is being put in place to address this and get learner back on track.** |
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| **8.** **Provider’s comments on Learner’s Progress** **Please comment in order to ensure learner is aware of their progress.** |
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| **9. Barriers to learning** **Please indicate if there are any barriers to learning for the learner. if not appropriate please add N/A** |
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| **10. Employer update on Learner Progress in the Workplace.** **Please ensure at least one review has a comment from the Employer.** |
| **Employer representative name:**  |
| If no comment from Employer, please input N/A |

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| **11.** **Learner Comments.** **Please ensure the learner completes this field with any comments on their programme so far.** |
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| **12. Next Actions.** **Please ensure this field is completed with information regarding expectations of what the Learner should be working on in the next review period.** |
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| **13. 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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| **14. Signatures** | **Date of Signature** |
| **Learner Name** |  |  |
| **Learner Signature** |  |
| **Provider Representative Name** |  |  |
| **Provider Representative Signature** |  |