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

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

|  |  |
| --- | --- |
| **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** |  |

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

|  |  |  |
| --- | --- | --- |
| **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.** | | |
|  | | |

|  |
| --- |
| **8.** **Provider’s comments on Learner’s Progress**  **Please comment in order to ensure learner is aware of their progress.** |
|  |

|  |
| --- |
| **9. Barriers to learning**  **Please indicate if there are any barriers to learning for the learner. if not appropriate please add N/A** |
|  |

|  |
| --- |
| **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 |

|  |
| --- |
| **11.** **Learner Comments.**  **Please ensure the learner completes this field with any comments on their programme so far.** |
|  |

|  |
| --- |
| **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.** |
|  |

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **14. Signatures** | | **Date of Signature** |
| **Learner Name** |  |  |
| **Learner Signature** |  |
| **Provider Representative Name** |  |  |
| **Provider Representative Signature** |  |