

Review Form

Student Name:		Date:		Re	
Tutor Name:		College:		ent ID	
Learning Aim:		Start Time:		ber	
		Finish Time:		al GLH to	
				ate	

Review Topics
 Progress E.O. H & S Difficulties Update ILP

Tutor Comments

Student Feedback	Yes	No	Unsure
1. Is the Learning Aim you are following relevant to your normal work?			
2. Is the Feedback you receive helpful to your learning?			
3. Is tutor contact sufficient to your needs?			
4. Are you receiving support in the workplace?			
5. Are the learning materials easy to understand and use?			
6. Are you finding this learning experience enjoyable?			
7. When you have completed, are you seeking further qualification?			

Student Comments

Manager / Mentor Comments

Signed Tutor:		Signed Student:		Signed Manager / Mentor:	
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