

NAME:

LEARNER AGREEMENT

5

48 WEEK REVIEW

PROGRESS REVIEW (48 WEEKS)	Name:
Date of review:	Details/comments:
Has the learner met the 1 2 3 smart target/goals for this period:	
3 Smart Targets (Weeks 48-60) 1	
2	
3	
Is the learner still on track to YES No complete their course on time:	Details/comments:
Has the learner required any additional support: Details/Comments:	Details/comments:
LEADNED VOICE	
What have you found most informative and interesting in the last three months of your programme?	
Do you feel you are making positive progress and your knowledge of Health and Social Care is improving?	
Learner Signature	Tutor Signature



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