

## **CTSI Professional Competency Framework**

## **Candidate Assessment Feedback Form**

|                      | The date you actually carried out your assessment, whether it be desktop or observation. |  |
|----------------------|--|--|
| Candidate Name       | Candidate Number   |  |
| Portfolio Assessed _ | Feedback Date:   |  |
| Assessor Name: _     | Assessment Date:   |  |
| Table A              |  |  |
| Task A               | Task D   |  |
| Task B               | Task E   |  |
| Task C               | Task F   |  |

**REMEMBER** - If you are happy with the evidence presented, against each task, you can state this, you do not need to list the evidence assessed. You need only list the evidence that you are unhappy with and the reasons why see below for example...

## Feedback to Candidate:

I have assessed evidence reference 1 - 5, and can confirm that I happy with this and have assessed this

Against the stated tasks & criteria. It has been agreed that further evidence is to be collected for *state the tasks* and this is to be done by *state the next assessment date* 

I can confirm that I have assessed evidence reference numbers 1-5 and on the whole, the evidence met the stated criteria, however I was unable to see how:-

Evidence reference numbers 2 & 3 met the stated criteria, and after a discussion with the candidate (the informal feedback) it has been agreed that .....

| Further evid | ence to be | collect within the | e next 6 weeks ready | / for my r | next assessment on |
|--------------|------------|--------------------|----------------------|------------|--------------------|
|              |            |                    |                      |            |                    |

| Candidate comments:     |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
|                         |  |  |  |  |  |
|                         |  |  |  |  |  |
| Candidate Name (Print): |  |  |  |  |  |
| Candidate Signature:    |  |  |  |  |  |
| Date:                   |  |  |  |  |  |
| Assessor Name:          |  |  |  |  |  |
| Assessor Signature      |  |  |  |  |  |
| Date:                   |  |  |  |  |  |



## Continuation Sheet Assessor Feedback/Candidate Comments

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