

Foundation Apprenticeships (FA) Learner Review Document

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

Please complete all fields in the form in black or blue pen

1. Learning Provider	Must be completed
2. Learner Name	As per SQA Connect report
3. FA Framework	Framework must be selected
4. Date of Review	Must be completed
5. Milestone	Milestone must be selected

6. Learner Progress and Achievement of FA Framework			
Unit Title	SQA Registered?	Date started	Achieved?
List unit titles in FA framework	Must be registered for 1 unit by milestone 3 Add Y/N	Date unit started	Add Y/N
		Click to select a date	
		Click to select a date	
		Click to select a date	
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		Click to select a date	
		Click to select a date	
Provider's comments on learner's progress			
Provider's comments on progress to date			

7. Barriers to learning – if not appropriate please add N/A

This should include any details of additional support needs or barriers to learning, including challenges facing the learner. If none identified, please add N/A

8. Employer update on Learner Progress in the Workplace

Employer representative name: **add employer contact name**

This section should be used to record the comments from the employer on the learner's progress in their placement. If no comment from employer, please add N/A

9. Learner Comments

This section should be used to record learner's comments and must be completed.

10. Next Actions

This section should be used to record the actions agreed between the provider and learner before the next review.

**11. What Employer Engagement activities have taken place in Year 1 of programme.
(this box should be completed at the end of Milestone 3 for all 2 year FA learners)**

Type of Employer Activity	Date / Planned Date	Activity
Employer recruitment interviews Industry Challenge Site Visit Employer Talks	When takes place	Details of the Employer Activity that has/will take place and Employer name.

12. Signatures		Date of Signature
Learner Name	As per SQA Connect report	Must be completed
Learner Signature	Must be completed	

Provider Representative Name	Must be completed	Must be completed
Provider Representative Signature	Must be completed	