



**ASSESSOR'S REPORT
PHYSICAL**

Participant: _____

eDofE ID No.: _____

Level: **Silver**

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Goals set by participant: _____

Assessor's comments:

*Please write as much as possible talking about training teamwork (if applicable) and achievements.
What you write will celebrate the achievement of the young person and will form part of their permanent record of their DofE programme.*

I confirm that the above participant has attended during the above period and has averaged at least 1 hour per week over this period.

Signature: _____

Assessor's first name: _____ Last name: _____

Assessor's position/qualification: _____

Assessor's phone number: _____

Assessor's email: _____



ASSESSOR'S REPORT SKILLS

Participant: _____
eDofE ID No.: _____
Level: Silver

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Goals set by participant: _____

Assessor's comments:

Please write as much as possible talking about training teamwork (if applicable) and achievements. What you write will celebrate the achievement of the young person and will form part of their permanent record of their DofE programme.

I confirm that the above participant has attended during the above period and has averaged at least 1 hour per week over this period.

Signature: _____

Assessor's first name: _____ Last name: _____

Assessor's position/qualification: _____

Assessor's phone number: _____

Assessor's email: _____



**ASSESSOR'S REPORT
VOLUNTEERING**

Participant: _____
eDofE ID No.: _____
Level: Silver

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Goals set by participant: _____

Assessor's comments:

*Please write as much as possible talking about training teamwork (if applicable) and achievements.
What you write will celebrate the achievement of the young person and will form part of their permanent record of their DofE programme.*

I confirm that the above participant has attended during the above period and has averaged at least 1 hour per week over this period.

Signature: _____

Assessor's first name: _____ Last name: _____

Assessor's position/qualification: _____

Assessor's phone number: _____

Assessor's email: _____