



# ASSESSOR'S REPORT PHYSICAL

Participant: _____
eDofE ID No: _____
Level: <b>Bronze</b>

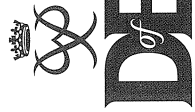
Activity: \_\_\_\_\_

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.*



# PHYSICAL

Assessors cannot be related to a DofE participant. They should be an 'expert' in the chosen activity (such as a coach). DofE Leaders must approve the choice of Assessor for each section.

My name: \_\_\_\_\_ eDofE ID No: \_\_\_\_\_

## Assessor's Guidance Notes

Thank you for your time and commitment offering to assess me for the Physical section of my DofE programme.

I hope that you will enjoy your involvement, helping me through the section and to get the most from my activities and complete this section.

For this section of my **Bronze** DofE programme, I have to improve in an area of sport, dance or fitness over a set period of time. I need to spend the following length of time regularly doing my physical activity, averaging at least one hour a week:

The participant to write in this box monthly for \_\_\_\_\_ months

### Can you please:

- Understand what I want to get out of it and help me set my goals
- Help me with advice, training and supervision as needed
- Support and encourage me while I'm doing my physical activity
- Be available throughout the time I'm doing my activity and monitor my progress
- Do a final assessment at the end – discussing my experiences, how I developed and reached my goals.

When I have completed the time requirements and achieved my goals, please can you register your comments on my progress by the suggested methods overleaf. This will be my evidence of completing my Physical section.

Signature: \_\_\_\_\_

Assessor's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Assessor's position/qualification: \_\_\_\_\_

Assessor's phone number: \_\_\_\_\_

Assessor's email: \_\_\_\_\_

*Participants should scan or photograph this page and upload to eDofE as evidence.*