



**ASSESSORS
REPORT
PHYSICAL**

Participant Name: _____

E-dofe ID No: _____

This form can be printed, filled in and returned or completed on a computer and returned by email/image

Activity:

3 or 6 months:

Date started:

Date completed:

Goals set by the participant:

How often did the participant take part?

How long in hours was each session

Assessor's comments on progress and development

Assessors full name:

Assessors Signature (where possible):

Assessors Position/qualification:

Phone:

Email: