

CODE: P9 S12 C3

End of Programme Report

The purpose of this form is to ensure that the aims and objectives of the programme were met, and that participant participation and assessment is evaluated. It is to be completed by the trainer and submitted to management within 5 working days of completion of the programme / module.

IMPORTANT: Please complete this report, sign & return to Castle House, Castle Street, Mullingar, Co. Westmeath along with the: **Course Folder** – to include

- Learner TNA material - Needs Requirements Records including Student Application Forms.
- Participant Registration Forms.
- Learner Induction Sign-off.
- Attendance Records.
- Participant Evaluations.
- Specific Learning Outcomes Checklist (for Level 3 and lower).
- Copies of Feedback and communication of preliminary results to learners.
- Marking Sheets.
- Result Summary Sheets.
- Accident and Incident Reports.
- All learner evidence and supporting documentation inc. learner briefs.

Section 1: Programme Details

PLEASE USE BLOCK CAPITALS

Name of Programme:		FETAC CODE: (where applicable):	
Start Date:		Finish Date:	
Identify units completed:		Course I.D.	Training Manager / Statustat
Trainer:		Location:	

Section 2: Attendance Overview

1. Was an attendance sheet completed for each trainer led session? Yes ☐ No ☐
2. Was an attendance sheet completed for each examination? Yes ☐ No ☐

Identify absences from attendance records:

Please use additional paper if there is not enough space to record all absences	Participant Name	Time and Date of Absence	Reason

Identify learners who left the course without completing:

Participant Name	Date of Last session attended	Reason

Section 3: Learning Documentation

- | | | |
|---|---|-----------------------------|
| 1. Were all learners inducted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. What was the date of the induction? | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| 3. Did all learners sign off on having received induction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Did all learners complete and sign course registration form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Were there any special requirements pertaining to any learner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Indicate how:

Modified presentation of assignments/examination papers e.g. enlargements ☐

Scribes/ readers ☐

Use of sign language ☐

Practical assistants ☐

Rest periods ☐

Adaptive equipment / software ☐

Use of assistive technology ☐

Extra time ☐

Give details of how the learner was accommodated

- | | | |
|--|------------------------------|-----------------------------|
| 6. Has the content delivered by you met the agreed aims and objectives for the programme as set out in the Scheme of Work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

Give details

- | | | |
|--|------------------------------|-----------------------------|
| 7. Has an SLO checklist been completed by you? (Applicable Levels 1-3) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Has a results summary sheet checklist been completed by you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Were all assignments, examinations and course work completed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Were assessment schedules adhered to? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Was a skills demonstration completed as part of the assessment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. How was the skills demonstration verified? | | |

- | |
|--|
| 13. Were all assignments, examinations, and course work completed in full by all learners? |
|--|

☐

14. Was any learner afforded an extension on a deadline for the submission of an assignment / rescheduling of an examination?

Yes ☐

No ☐

15. Who (Manager) signed off on the extension?

Indicate the circumstances under which compassionate consideration was afforded:

A physical injury of emotional trauma during a period four to six weeks previously

☐

A physical disability or chronic or disabling condition such as epilepsy, glandular fever or other incapacitating illness of the learner.

☐

Recent bereavement of close family or friend

☐

Severe accident

☐

Domestic crisis

☐

Terminal illness of a close family member

☐

Other extenuating circumstances

☐

Give detail of learner and circumstances:

16. Were there any issues / incidents on the programme

Yes ☐

No ☐

(if yes, please attach Incident Report Record and give overview below)

17. Is there a progression being recommended to the learner?

Yes ☐

No ☐

Give detail of recommendations made:

18. Performance / comments on learners who attended the programme

Section 4: Benefits / Process Improvement

19. What are the tangible / intangible benefits for the learners?

20. What recommendations would you make to the organisation (where applicable)?

21. Identify any verbal feedback given by learners during or following the course:

Section 5: Sign off

Trainer Name:	<input type="text"/>	Manager Name:	<input type="text"/>
Trainer Signature:	<input type="text"/>	Manager Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>