Access to Higher Education

Assignment Feedback

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| Learner Name: |
| Unit Title: |
| Assignment Title: |

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| All Assessment Criteria Met? | Yes / No |

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| **If ungraded unit** - Tutor feedback on achievement against the assessment criteria:**If graded unit** only use this box if all assessment criteria have **not** been met. |
| Tutor Signature: | Date: |

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| Eligible for Grading? | Yes / No |

**Please complete the following section if the unit is graded.**

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| Feedback against Grade Descriptors | Grade |
| 1. Understanding of the subject: |  |
| 2. Application of knowledge: |  |
| 3. Application of skills: |  |
| 4. Use of information: |  |
| 5. Communication and presentation: |  |
| 6. Autonomy and/or independence: |  |
| 7. Quality: |  |

Remove rows as required

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| Learner Comments:1. Did you understand what this assignment required?
2. Did you find any section of the assignment particularly difficult?
3. Do you have any suggestions as to how the assignment could be improved?
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