



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.*

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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.**





**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.*

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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.**





**ASSESSOR'S REPORT  
PHYSICAL**

Participant: _____
eDofE ID No: _____
Level: <b>Silver</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.*

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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.**