**e-LiFT assessment information**

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| This column will indicate the unit number assessed | This column will contain the mark | In this column there will be feedback on areas of strengths in work or implementation of good practice  (concise comments) | In this column there will be feedback on developing the e-LiFT project further still including any additional reflection required to demonstrate the topic  (concise comments) | Assessor ID number is written in this column |
|  |  | By providing this element of your feedback, consider any of the following points   * Depth of understanding the topic and original ideas * The range of skill or competency that has been effectively demonstrated? * From the work assessed, what do you consider are examples of good practice shown by the foundation dentist? * Sum up the strengths of the presentation of this foundation skill? | By providing this element of your feedback, consider any of the following points   * Any issues or concerns found requiring correction * What was found to be missing in demonstrating a thorough understanding and correct application of the topic in question? * Your suggestions on what is suitable evidence for their write up * What would have been worthy of inclusion to better the narrative or enhance the reflective writing? |  |

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| **Marking Scheme** | |
| Failure to complete or submit by due date  Extensive revision of work required to demonstrate requirement  Minor revision recommended to demonstrate requirement or competency  Requirement or competency demonstrated to a satisfactorily level for DFT completion  Excellent reflective narrative with high quality of evidence to demonstrate requirement or competency | **0** |
| **1** |
| **2** |
| **3** |
| **4** |

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| Unit | Mark | Areas of strength | Any suggestions for further development? | Assessor Name |
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