**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 dateExtensive revision of work required to demonstrate requirementMinor revision recommended to demonstrate requirement or competencyRequirement or competency demonstrated to a satisfactorily level for DFT completionExcellent 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  |
|  |  |  |  |  |