**Non-Contact Time Learning Sheet**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Tile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment****Criteria (AC)** | **Date** | **Activity** | **Time Spent** | **Signed** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Number of Hours |  |  |

**Remote visits - Tutor Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **What has been done?** | **Reason** | **Signed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Assessor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit with completed Assignments.**