

Company name	Falmouth Exeter Plus
Support worker name	
Student name	
Student CRN	Office use only CRN/DOB label here
Student D.O.B	

Falmouth
Exeter
Plus

Support type	
Support awarded (hours)	
Balance of hours carried forward from previous timesheet	
Invoice number	

Attended Sessions

Location support is provided	Mode of Delivery	Date	Start time	Finish time	Total Breaks	Total Hours	Signed

Missed or Cancelled Sessions

To ensure that we can process the invoice in a timely manner, please state the date and time when you were informed by the student that the session was cancelled. For non-attendance please enter "NA" into the *Date and Time informed* box below

Reason	Date	Start time	Finish time	Total Hours	Date & Time Informed

Student Declaration

Signature	
Date	

Support Worker Declaration

Signature	
Date	

Session Work Plan

Support worker name	
Student name	
Support type	
Session date	

Part A: To be completed by the Support Worker before the session

Please record below details of the topic(s) to be covered during the session:

Part B: To be completed by the Student after the session

Was the session useful for you? Yes Partly No

Did the support worker offer you regular breaks if required? Yes No

Do you feel the session delivered was at a pace suitable for your needs? Yes No

Please note any comments you want to raise or you would like your support worker to consider (for example, on the pace of the session; availability of breaks if needed):

When booking this session, did you get a reply within 1 working day? Yes No

Was your session confirmed between 1 and 7 days before it took place? Yes No

Part C: To be completed by the Support Worker after the student has completed part B

Please record below details of the topic(s) which were covered during the session:

Please record below next steps:

Support worker's signature

Student's signature