

OCR LEVEL 2 CERTIFICATE IN LEISURE OPERATIONS

Assessment Planning Record

Candidate: _____ Assessor: _____

Proposed activity/evidence to be produced	Unit to be covered	Target date
Comments from assessor and candidate 		
Signature of candidate: _____		Date: _____
Signature of assessor: _____		Date: _____
Signature of IV (if sampled): _____		Date: _____