

Assessment Notification

Assessment plan for (Studen	nt name)			
Assessor:			_	
Methods of assessment:	Practical observation	vation		
Location of Assessment:	Alpha Hair Aca	ademy		
Date:				
Time:				
Unit:				
Instruction/advice to candid	ate:			
 Please arrive 15 min Put all valuables in a Wear formal uniform Bring all required ite 	a safe place n	oservation		
Candidate Signature:				
Assessor Signature:				
Date:				