



## **TOWARDS INDEPENDENCE**

Animal Care with Horse Riding & Stable Management

## **Evidence Record Sheet**

This form is optional. It can be used to support the information in your candidate's portfolio, to provide additional, more detailed information on how each activity or project was accomplished.

Name of candidate:									
Module: Towards Independence (Animal Care with Horse Riding and Stable Management)									
Section completed (please circle as appropriate):									
ABCDEF	G	ΗI	J	K	L	M	N	0	
Evidence:									
For example: A photograph or written statement to explain how the activity was achieved									
Level of support given for this section: Please tick one overall level of support									
MH - No Help		•	A	PH - F	Physi	cal He	lp		
SH - Spoken / Signed Help		1	3	SE - S	enso	ry Exp	erien	ce	
GH - Gestural Help			1	ER - E	xper	ience	Recor	ded	
Verified by:			1	Date:					
Signature:			1	Page:					