

Puppy Home Visit Students full name DOB .../.../.....
 Date : /.... /..... Issue Type

	V3	Score	POSITIVE Please tick what student covers	AREAS TO CONSIDER Please note clearly
Evidence of gathering background: History, diet, lifestyle, age, when got	5.1/8		
Broad Template				
Issue Identified & Addressed. History of previously attempted remedies	2.2/16		
Correct use of : Operant conditioning, Classical conditioning MEB -P	5.2 5.3/8		
Control and Management	/8		
Solution explained and Justified POA developed & Explained	5.2 5.3 2.2/8		
Professional Approach	5.1 5.2 5.3/2		
Total Pt's & % (Total x 2 = %)/50%	Signed by Assessor..... Cross-reference Assessor	

