

# Case Study Assessment Form

iUCT24 – Provide body massage for complementary therapies

**36 massage treatments to be performed on a minimum of 15 clients and the outcomes documented. These must include 16 case studies – a minimum of 8 clients treated twice each plus evidence of an additional 20 treatments.**

To be completed by the lecturer and verified by the external examiner. Please attach a copy of this sheet to the front of each learner's completed treatment evidence form.

**Learner name:** \_\_\_\_\_

**Learner number:** \_\_\_\_\_

**Centre name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	Please tick box:	Yes	No
Consultation			
Medical History			
Brief client profile and general lifestyle details (inc. stress levels at home and stress levels at work – on a scale of 1-10)			
Treatment plan			
Client feedback			
Homecare advice			
<b>Case studies only:</b> Self-reflection and evaluation at the end of each treatment			
<b>Case studies only:</b> Any CPD requirements			
<b>36 treatments completed</b>			

**Please note;** each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the treatment evidence will be referred until the omitted section is completed.

**External examiner name:** \_\_\_\_\_

**External examiner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lecturer/Assessor name:** \_\_\_\_\_

**Lecturer/Assessor name signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Learner name:** \_\_\_\_\_

**Learner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Document History

Version	Issue Date	Changes	Role
v1	13/01/2020	Fist published	Qualifications and Regulation Co-ordinator