Landscape Architects Accreditation Assessment Report

Candidate's name: xxx Mentor's name: xxx

Submission Date: dd/mm/yyyy

Assess	ment Period: 1st / Q1 / Q2 / Q3 / Q4 / Q5 / Q6 / Q7 / Q8 Mentor to highlight which
Quarte	r (by deleting the unnecessary Quarters)
Meetin	g Date:15 Dec 2022
	- A: PROFESSIONAL STANDARD & CONTEXT
IANI	,
	Subject coverage 1.0. Professional judgement, ethics and values
	Experience Level: 1/2/3/4 Mentor to highlight experience level for each of the
	subject coverage
	Comments:
	Mentor to give a short comment for each of the subject covered. A nil reply is required if this if the subject is not covered in the Quarter as per date. This applies in all four parts of this report.
	Subject coverage. 2.0
	Professional Practice Management
	Experience Level: 1/2/3/4
	Comments:
PART -	- B: LANDSCAPE PROJECT MANAGEMENT
	Subject coverage 3.0.
	Planning & Statutory Control
	Experience Level: 1/2/3/4
	Comments:
	Subject coverage 4.0.
	Technical Competency
	Experience Level: 1/2/3/4
	Comments:
	Subject coverage 5.0.
	Landscape Construction Management
	Experience Level: 1/2/3/4
	Comments:
PART -	- C: URBAN ENVIRONMENTAL AND ECOLOGICAL ISSUES
	Subject coverage 6.0.
	Skyrise Greenery and Urban Landscape
	Experience Level: 1/2/3/4
	Comments:
PART -	- - D: CONTINUOUS PROFESSIONAL DEVELOPMENT
	Subject coverage 7.0.
	Continuing Professional Development
	Experience Level: 1/2/3/4
	Comments:
	<u> </u> -

There should only the required number of logbooks and titled as as shown - 01_Mentor's Report_Candidate Name_MMYY-MMYY