

**Highfield Level 5 End-Point Assessment for
ST0551 Early Years Lead Practitioner
Case Study Proposal Approval Form**

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|---|------|
| Apprentice Name: | |
| Learner ID: | HABC |
| Proposal word count: | |
| Case study proposal | |
| Case study title | |
| | |
| Scope and summary, including an outline of the project plan, research requirements, and an overview of time frames | |
| | |

Employer Declaration

I confirm that the project proposal outlined above provides a benefit to the business and any assistance given and/or sources used have been acknowledged.

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|----------------------------|--------------|
| Employer signature: | Date: |
|----------------------------|--------------|

For Highfield Assessment use only:

| 1. Consideration | Met | Not Met |
|--|-----|---------|
| Has the apprentice submitted a case study title and scope? | | |
| Does the case study proposal meet the word count of 500? | | |
| Has the apprentice outlined the project plan, research requirements, and an overview of time frames? | | |
| Does the proposed case study allow the apprentice to cover a relevant and defined piece of work that is based on a real-life workplace situation and have a real benefit to the children or setting the apprentice works in? | | |
| Does the proposed case study allow the apprentice to meet all of the assessment criteria specified under the 'case study report and presentation with questions' section of the EPA kit? | | |
| Has the apprentice submitted a signed parental consent form? | | |
| Has the apprentice shown an element of practice within the case study proposal that will affect the child or group of children's learning and development? | | |
| Has the apprentice evidenced how they will use reflective practice to create change and improve practice? | | |

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|---|--|--|
| Is there scope for analysis of the child or group of children's learning and development? | | |
| Is there scope for reflection of implications for future practice for the child or group of children, the practitioner and the setting? | | |
| Approved: Y/N | | |
| Feedback if not approved: | | |
| Independent Assessor: | | |
| Date of Approval | | |