

It is the responsibility of Internal Quality Assurer to complete this form, make copies, send the original to the Quality Assurance Coordinator (QAC) / Internal Quality Coordinator (IQC) and ensure a copy is given to the assessor.

Where a positive unit or award verification has taken place the IQA must complete either the Unit or Unit and Award Summary sheet and ensuring the administrator or the QAC receive the original.

Name of Internal Quality Assurer

Name of countersigning Internal Quality Assurer [where require]

Date of Verification.....

Name of Assessor (Please indicate whether the assessor is work based or peripatetic by using WB or PA after their name)

.....

Name of countersigning Assessor [where required]

Name of Learner's

Awarding Organisations Enrolment Number

Title & Level of Qualification

Internal verification	1st	2 nd	3rd	4th	Final
Unit/s Outcome Sampled and Reference numbers of evidence sampled					

Ref: IQA 02B

Standardisation unit and any issues of standardisation identified	
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Methods of assessment and evidence sources sampled (please tick)	Direct Observation	Witness Testimony	Questions/ Professional Discussion	Work Product
	Simulation	Assignment/Projects Case Study/Reflective/Candidate Accounts	APL/E/A	
The evidence is (please v or X as appropriate)	Valid	Sufficient	Current	Authentic
Is there evidence of consistent practice			Yes	No
Part of assessment process checked (please v or X as appropriate)	Planning	Reviewing / Feedback	Recording	Judgement
Where necessary, has the evidence/assessment process been checked and countersigned by a qualified assessor (please tick)			Yes	No
Evidence is appropriately (please v or X as appropriate)	Recorded		Referenced	Signed/dated by qualified assessor and the candidate

Summary or comments and; if necessary an action plan for Assessors e.g. regarding: a) the learner's evidence b) appropriate evidence gathering methods c) consistent assessment practice d) recorded keeping and portfolio structure and tracking.

<u>Action plan</u>	<u>By Who</u>

Conformation of identified action being achieved

IQA Signature

Date

Ref: IQA 03A

IQA's OBSERVATION & QUESTIONING CHECKLIST

IQA's Name..... **Unit(s) reviewed**

Assessor's Name **Learner**

Did the assessor	Yes	No	Evidence (please document bellow evidence that back your judgment)
Develop and agree an assessment plan with the candidate using appropriate assessment methods			
Agree when assessment will take place with candidates and other people involved			
Agree arrangements with candidate for reviewing progress against the assessment plan			
Review and update assessment plans to take account of what the candidates has achieved			
Give the candidate feedback at an appropriate time and pace			
Give feedback in a constructive and encouraging way			
Give feedback to the candidate which met his/her needs and appropriate to his/her level of confidence			
Clearly explain to his/her candidate to get advice on the assessment decisions			
Can the assessor explain?			
How to operate the centres standardisation and internal quality assurance procedures			
How to access the centre appeals and access to fair assessment policy			
What information is made available by the awarding body and QAC			
How to identify and gain resources to support candidates who have special assessment needs.			

Additional Comments

Assessor's signature Date

IQA's Signature Date.....

Second line IQA signature..... Date

Ref: IQA 03B

INTERNAL QUALITY ASSURANCE FINAL PORTFOLIO / AWARD REPORT FORM

Name of Internal Quality Assurer

Name of countersigning IQA

Name/s of Assessor / Assessors (Please indicate whether the assessor/s is work based or peripatetic by using WB or PA after their name)

.....

Name of countersigning Assessor

Name of Candidate.....

Assessment Location Registration No

Title of qualification

Full Award Verified? **YES / NO**

	YES	NO YET
The portfolio is clearly sectioned and easily accessed. An effective referencing system in place.		
For assessors not yet qualified, the assessment decision has been countersigned		
The candidate's Resume, Initial Assessment Contract Agreement, Access to Appeals and Witness status and Participants list are complete		
There is complete evidence of the assessor being active in the full assessment cycle		
The Assessor's records of assessment are complete and accurate		
All key documentation is dated and signed		
The Award Summary Achievement sheet is complete		
Assessment process documents are completed and available to the centre		
Internal audit process documents are completed		

Action for assessor, if any	Plan achieved

IQA's Sig: _____	Date: _____	Assessor's Sig: _____	Date: _____
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Ref: IQA 03C

Continuing Professional Development Record

Assessment/Internal Quality Assurer Name

Last IQA Observation Date..... .Next IQA Observation Date.....

Date of standardisation meeting attended since the last review

If the assessor/IQA does not hold the QAA / IQA units, on what date were they registered with the awarding body?

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Details of any CPD activities undertaken

Training needs and/or identified CPD opportunities

Action Plan for meeting training needs and CPD opportunities. Identify date for review and/or achievement and ensure the what, when and who of the action required is recorded.

Evidence of achievement (Attach evidence where appropriate)

ALL THE ABOVE HAS BEEN DISCUSSED AND AGREED

Internal Quality Assurer's signature Date.....

Countersigning IQA signature Date

Assessor's signature Date

Second Line Assessor's signature Date

Date of next review Date

Where training needs or CPD opportunities have resource implications, e.g time/finance please ensure a copy of this form is passed to the QAC.

