

Centre Guidance & Information Programme Workshop Resources

Internal Quality Assurance Sampling Plan - Programme



PART OF **noan** GROUP

Organisation Name _____ Programme Title _____

Assessment Period From _____ To _____ Proposed IQA Dates _____

Candidate name	Start date and W/C	Reg No If relevant	Reg date	Tutor/ Assessor/s	IQA	Unit		Method	Date

Methods Key:

PE - Performance evidence	OB - Observation	PD - Professional discussion
AQ - Responses to assessor question	WQ - Written questions	IA - Independent assessor

IQA Name _____ IQA Signature _____ Date _____