

Centre Guidance & Information Programme

Workshop Resources

Internal Quality Assurance Sampling & Feedback Form

To be used when sampling individual learner portfolios



PART OF **nocn** GROUP

Course			
Assessor			
Internal Quality Assurer			
Date of activity			
Qualification			
Unit			
Learner			
Start Date			
Proposed Hand in Date		Actual Hand in date	

1. Assessment Activities

Were the activities those detailed within the assessment plan? If not please comment.

2. Learner evidence of achievement

Is the evidence of achievement sufficient and authentic?

Is the evidence appropriate to the level and credit value?

3. Assessment tracking

Are all assessment criteria met and clearly recorded?

4. Feedback to Learners

Is the feedback constructive, developmental and clearly set out?

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5. Good practice

Please give brief details of any examples of good practice in assessment and/or recording which you feel it would be useful to share

6. Feedback and Actions to Assessor

Signed (Internal Quality Assurer)

Date:

Feedback response from Assessor

Assessor Name:

Signature

Date:

Confirmation actions completed and implemented

Signature

Date: