All highlighted text in this template is provided as guidance for the IQA. Please delete and replace with relevant data.

|  |
| --- |
| ASDAN qualification:   |
| Sample type: Formative, Interim, Summative – delete as appropriate  |
| Unit: | Level: |
| Cohort name: |
| Course start date:  | Course completion date: |
| Learner name(s): | Assessor name(s): |
| IQA name: | Date: |

|  | **Yes/No** | **Comments/feedback to assessor** |
| --- | --- | --- |
| Do all sampled learners have a completed assessment checklist?  |  |  |
| Is evidence/the portfolio clearly and accurately cross-referenced to assessment criteria and easy to locate? |  |  |
| Does the evidence available reflect the assessment plan? |  |  |
| Does the evidence match the level of the unit? |  |  |
| Is all evidence valid? Does it meet all requirements of the unit? |  |  |
| Has all learner evidence been authenticated as the learner’s own work? |  |  |
| Is evidence current? Does it represent the learner’s current knowledge/skills? Is the evidence still relevant at the time of the assessment?  |  |  |
| Are all assessment criteria and any additional requirements evidenced? (eg where evidence is required from a specified number of occasions or over a specified time period)  |  |  |
| Has the assessor provided constructive feedback to the learner and prompted them to expand on their responses where necessary? |  |  |
| Are assessment decisions accurate, are they based on the requirements of the assessment criteria/unit? |  |  |
| Are assessment decisions clearly and accurately recorded? |  |  |
| Where applicable, do assessor observations/witness statements provide sufficient detail to enable verification of learner achievement?  |  |  |

| **Action points for follow up:** | **Date to be completed** | **Details of how action was addressed** (to be completed by assessor or IQA) | **Date completed** |
| --- | --- | --- | --- |
| * (add more rows as needed)
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Assessor signature, confirming completion of action points:** | Date: |

|  |  |
| --- | --- |
| **For summative IQA only:** | **Yes/No** |
| * Are you satisfied that the sample selected is reflective of the entire cohort’s achievements?
 |  |
| * Are changes to the initial learner details required? (This includes withdrawing learners where units have not been achieved)
 |  |
| * Can the cohort be submitted to ASDAN for awarding/external quality assurance?
 |  |

|  |  |
| --- | --- |
| IQA signature: | Date: |