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| --- | --- |
| Centre name:  | Centre number:  |
| Qualification title and level:  |
| Units sampled:  |
| Names of learners sampled:  |
| Assessor name:  |
| IQA name:  | Date:  |

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| --- | --- | --- |
| Have assessment checklists been completed in full for all learners, including location of all evidence in the portfolio, signatures and dates? | Yes [ ]   | No [ ]  |
| Are assessment decisions valid? Does evidence meet all the assessment criteria and unit requirements at the level of the unit? | Yes [ ]   | No [ ]  |
| Has the assessor provided constructive feedback to the learners?  | Yes [ ]   | No [ ]  |
| Is all evidence clearly and accurately cross-referenced to assessment criteria? | Yes [ ]   | No [ ]  |
| Feedback to assessor: |

|  |  |  |
| --- | --- | --- |
| Improvements and action points for follow up:  | Date to be done  | Completed |
|  |  |  |
|  |  |  |
|  |  |  |
| IQA signature:  | Date completed:  |