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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: | | |

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