Internal Quality Assurance Sampling Report

|  |  |  |  |
| --- | --- | --- | --- |
| Full Qualification Title |  | | |
| Qualification QAN[[1]](#footnote-1) |  | | |
| Learner Registration ID |  | Report No.  *(Ref. IQA3 Report)* |  |
| Assessor Name: |  | | |
| Assessor Risk Rating |  | | |
| Internal Quality Assurer (IQA) |  | | |
| URN[[2]](#footnote-2) / LO(s)[[3]](#footnote-3)/ AC(s)[[4]](#footnote-4) |  | | |
| Date of Assessment |  | | |
| Date of Internal Quality Assurance |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Checklist | Y/N | Comments |
| 1 | Have all the assessment criteria been met to the standard specified in the Qualification Guide? |  |  |
| 2 | Was the evidence clearly signposted to LO(s) and AC(s) within the unit? |  |  |
| 3 | Is feedback to the learner clear and constructive? |  |  |
| 4 | Is the assessment decision and any grading clear? |  |  |
| 5 | Are assessments consistent with agreed model answers / expected answers? |  |  |
| 6 | If applicable have any witness statements been recorded and verified? |  |  |

|  |
| --- |
| Internal Quality Assurer Feedback to Assessor |
| Good Practice: |
| Areas for Consideration/Improvement: |

|  |  |
| --- | --- |
| Assessor Actions: |  |
| Date for Completion |  |
| Date Actions signed off |  |

|  |
| --- |
| Assessor Comments on IQA Feedback |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessor Signature: |  | Date: |  |
| IQA Signature: |  | Date: |  |

1. Regulatory qualification number [↑](#footnote-ref-1)
2. Regulatory unit number [↑](#footnote-ref-2)
3. Learning outcome reference [↑](#footnote-ref-3)
4. Assessment Criteria reference [↑](#footnote-ref-4)