Assessor / IQA name ________________________________________________________________

Countersigning Assessor / IQA name __________________________________________________

Learner name(s) _________________________________________________________________

C&G Unit numbers/titles and levels _________________________________________________

Check and countersign assessment decisions made in each unit by the unqualified assessor / IQA ensuring that all the assessment methods used are checked in rotation. The **assessment process should also be checked.**

**Method(s) of assessment and evidence sources sampled (please tick appropriate)**

- Direct Observation [ ] Witness testimony [ ]
- Work product [ ] Simulation [ ]
- RPL [ ] Questions / professional discussions [ ]
- Assignments/Project/Case Study/Learner/Reflective Accounts [ ]

**The evidence is (please tick appropriate)**

- Valid [ ] Authentic [ ]
- Current [ ] Sufficient [ ]

Is there evidence of consistent practice (please tick appropriate)

- Yes [ ] No [ ]

**Part of assessment process checked (please tick appropriate)**

- Planning [ ] Reviewing / Feedback [ ]
- Recording [ ] Judgement [ ]

**Evidence is correctly (please tick appropriate)**

- Recorded [ ] Referenced [ ]
- Signed/dated by unqualified assessor and the learner [ ]
Countersigning Report Form

Please complete form in block letters

Summary of advice, and if necessary, action required, eg, regarding a) the learner b) appropriate evidence gathering methods c) consistent assessment practice d) portfolio structure and tracking

[Blank space]

Confirmation of identified action being achieved:

The evidence, methods and process used by this unqualified assessor / IQA have been checked and authenticated by a qualified assessor / IQA.

Countersigning assessor / IQA signature ___________________________ Date ____________________

Assessor / IQA Signature __________________________________________ Date ____________________