

Countersigning Report Form



Please complete form in block letters

please photocopy as necessary

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 | <input type="checkbox"/> | Witness testimony | <input type="checkbox"/> |
| Work product | <input type="checkbox"/> | Simulation | <input type="checkbox"/> |
| RPL | <input type="checkbox"/> | Questions / professional discussions | <input type="checkbox"/> |
| Assignments/Project/Case Study/Learner/Reflective Accounts | | | <input type="checkbox"/> |

The evidence is (please tick appropriate)

- | | | | |
|---------|--------------------------|------------|--------------------------|
| Valid | <input type="checkbox"/> | Authentic | <input type="checkbox"/> |
| Current | <input type="checkbox"/> | Sufficient | <input type="checkbox"/> |

Is there evidence of consistent practice (please tick appropriate)

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Part of assessment process checked (please tick appropriate)

- | | | | |
|-----------|--------------------------|----------------------|--------------------------|
| Planning | <input type="checkbox"/> | Reviewing / Feedback | <input type="checkbox"/> |
| Recording | <input type="checkbox"/> | Judgement | <input type="checkbox"/> |

Evidence is correctly (please tick appropriate)

- | | | | |
|--|--------------------------|------------|--------------------------|
| Recorded | <input type="checkbox"/> | Referenced | <input type="checkbox"/> |
| Signed/dated by unqualified assessor and the learner | | | <input type="checkbox"/> |

Countersigning Report Form

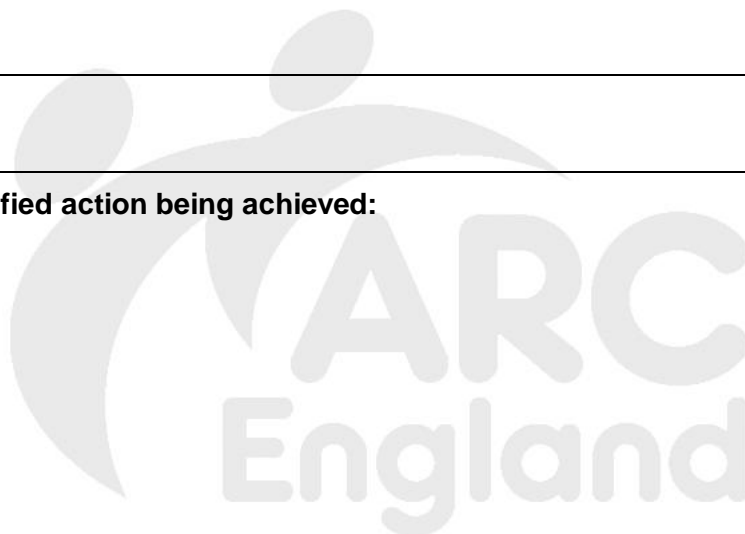


Please complete form in block letters

please photocopy as necessary

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

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 _____