

Internal Quality Assurer Report on Assessment Decisions



Please complete form in block letters

please photocopy as necessary

Internal Verifier (print name) _____

Assessor (print name) _____

Learner (print name) _____

Learner enrolment number _____

Qualification & Level _____

Sampled evidence has been checked for: validity, authenticity, sufficiency, currency

Part of process sampled: planning, review, feedback, recording

Date	C&G Unit	Assessment Criteria sampled	Part of Process Sampled	Type of evidence sampled	Log numbers	Signed off Yes/No

Feedback to Assessor

ARC
England

Internal Quality Assurer Signature _____ Date _____

Assessor Signature _____ Date _____

Action Plan:

Signed by IQA when complete _____ Date _____

Please return a copy to the ATS office.