# Internal Quality Assurer Record - Sampling Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Course (accredited course title and product code):** | **Level:** | **Dates:** | **Course Code:** |
| **Date of Initial Contact between Internal Quality Assurer and Assessor:** | | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate’s Name**  **(all learners on the course should be listed here)** | **Assessor’s Name** | **Units / Elements**  **to be sampled - both formative (f) and summative (s)** | **Planned date(s) for**  **formative**  **sampling** | **Actual date(s) for formative sampling** | **Actual Units/**  **Elements sampled (formative sampling)** | **Planned date(s) for**  **summative**  **sampling** | **Actual date(s) for summative sampling** | **Actual Units/**  **Elements sampled (summative sampling)** | **General Comments on the assessment process for this candidate** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Please also complete section overleaf to summarise sampling activity for this course**

**If detailed feedback to the assessor is needed at any stage, please complete QD39 Internal Quality Assurer Feedback Form**

**Internal Quality Assurer – Summary of Feedback on Sampling Activity**

|  |  |
| --- | --- |
| Internal Quality Assurer: | Dates of Sampling Activity/ies: |

|  |  |
| --- | --- |
| Course Code: | Course Title (accredited title and product code): |
| Assessor: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | formative | summative |  | formative | summative |
| Are you satisfied that the evidence is valid, authentic, reliable, current and sufficient? | N/A |  | Is the evidence easily accessible to sample? | N/A |  |
| Is the evidence clearly referenced? | N/A |  | Is there appropriate written feedback to the learner? | N/A |  |
| Does the evidence show that all performance and knowledge requirements have been met? | N/A |  | Is all the documentation complete and signed by the Assessor? | N/A |  |

**Feedback on Formative Quality Assurance**

|  |  |  |
| --- | --- | --- |
| Comments  N/A | | |
| Action Points  N/A | Date Actioned | Assessor Initials |

**Feedback on Summative Quality Assurance**

|  |  |  |
| --- | --- | --- |
| Comments | | |
| Action Points | Date Actioned | Assessor Initials |

# Completed with no actions / action points completed

|  |  |
| --- | --- |
| Internal Quality Assurer’s Authorisation | Date: |

Please send a copy of the completed sampling plan to Hampshire Achieves along with sample evidence of one complete portfolio for one candidate on the course including a completed ILP/Evidence Log.