# Internal Quality Assurer Record - Sampling Plan

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
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**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**

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

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

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|  | 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**

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| Comments N/A |
| Action PointsN/A | Date Actioned | Assessor Initials |

**Feedback on Summative Quality Assurance**

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

# Completed with no actions / action points completed

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| --- | --- |
| 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.