Assessor:

Candidate Assessor:

Internal Quality Assurer:

Date of Observation:

|  |  |
| --- | --- |
| Learner Name being observed:  Location:  In Workplace/Outside Workplace  Professional discussion 🞎 Observation 🞎 Oral questions 🞎 | Qualification:  Unit Title:  Assessment Criteria: |
| **Checklist** | **Comment** |
| Assessment plan explained |  |
| Candidate assessor encouraged to relate evidence to standards |  |
| Relevant questions asked by the Assessor |  |
| Appropriate methods of assessment used |  |
| Evidence requirements met |  |
| Feedback provided to the candidate assessor |  |
| Further actions agreed with the candidate assessor |  |
| All required paperwork completed |  |

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| Assessor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Internal Quality Assurer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

IQA Question Checklist for Candidate:

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| --- | --- | --- | --- |
| Checklist: | Y/N | Comments/action required | Target date: |
| Are you aware of your progress and achievements to date? |  |  |  |
| Did you discuss and agree today’s assessment with your tutor in advance? |  |  |  |
| Did you have a copy of the standards and do you understand what you are being assessed towards? |  |  |  |
| Were you asked questions to test your knowledge and understanding? |  |  |  |
| Did you receive helpful feedback? |  |  |  |
| Is your progress reviewed? |  |  |  |
| If you disagreed with your assessors’ decision would you know what to do? |  |  |  |
| Do you have any questions? |  |  |  |