# Internal Quality Assurer Record - Sampling Plan

**Functional Skills**

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| --- | --- | --- | --- |
| **Course:**  | **Course Code:** | **Controlled assessment and level:** (e.g. English Writing Entry 3) | **Internal Quality Assurer:**  |
| **Date of Initial Contact between Internal Quality Assurer and Assessor:**  | **Tutor:**  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Candidate’s Name | Planned date for summativesampling | Actual date for summative sampling | Moderation feedback for this candidate | Did the learner have reasonable adjustments? What was provided? | IQA Decision Pass or fail please state for each learner |
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**Please also complete section overleaf to summarise sampling activity for this controlled assessment**

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

|  |  |
| --- | --- |
| **Course Code:** | **Course Title:**  |

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| **Assessor:** |
| Has each candidate’s work been authenticated on the Candidate Front Sheet?  |  | Have the marks awarded for each individual candidate been clearly and legibly recorded on the Mark Scheme and in the grid provided on the front sheet?  |  |
| Is there appropriate written feedback to each candidate on the Candidate Front Sheet?  |  | When required by the assessment, have each candidate’s verbal responses been recorded on the Task / Response Record Sheet and/or Observation and Response Grid?  |  |
| Has all documentation been clearly marked with each candidate’s name, details of the assessment and signed in the appropriate place?  |  | Is all the documentation complete and signed by the Assessor? |  |
| If the learner was given reasonable adjustments, were they appropriate and recorded as such on the invigilation form? |  |  |  |

**Overall feedback**

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| Comments and discussion  |

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| --- | --- | --- | --- |
| **Action agreed** | **By whom**  | **By when**  | **Review (with dates)**  |
|  |  |  |  |
|  |  |  |  |

# Completed with no actions / action points completed delete as appropriate.

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

Please send this completed sampling plan / feedback summary to HAquality@hants.gov.uk