

IQA Sampling Report

V1.0

**INTERNAL QUALITY ASSURANCE SAMPLING REPORT**

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| **Learner Name** |  |
| **Assessor Name** |  |
| **IQA Name** |  |
| **Qualification/Unit Title(s)** |  |
| **Unit/Learning Outcome(s) sampled** |  |
| **Date of Sample** |  |
| **Next Sample Date (if applicable)** |  |

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| **Type of sampling activity completed (tick at least one option on each of the first two rows):** |
| **Interim sampling** |  | **Summative sampling (certification can be claimed)** |  | **Summative sampling (folder referred for actions)** |  |
| **Folder check** |  | **Observation of delivery (observation report attached)** |  | **Learner interview****(interview record attached)** |  |
| **Other** **(please detail):** |  |

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| **Assurance of the assessment process (tick at least one option for each question):** | **Yes** | **No** |
| Has an initial assessment taken place? |  |  |
| Has an assessment/development plan been agreed with the learner? |  |  |
| Is the Assessor recording assessment outcomes after each assessment has taken place and providing the learner with feedback? |  |  |
| Has the Assessor confirmed authenticity, sufficiency, accuracy, currency and validity whilst assessing the evidence? |  |  |
| Are the assessment judgements accurate? |  |  |
| Are the learner’s assessment/development records being updated and completed on an ongoing basis? |  |  |

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| **Action points/feedback to the Assessor:** |

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| **Assessor Signature** |  | **Date:** |
| **IQA Signature** |  | **Date:** |

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| **Actions complete (folder not ready for certification)** |  | **Actions complete (folder can be claimed for certification)** |  |

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| **Assessor Signature** |  | **Date:** |
| **IQA Signature** |  | **Date:** |