

IQA Sampling Report

v1.0

INTERNAL QUALITY ASSURANCE SAMPLING REPORT

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

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):					

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?		

Action points/feedback to the Assessor:

Assessor Signature		Date:
IQA Signature		Date:

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: