

Internal Quality Assurance Report

Qualification:	Date:
Internal Quality Assurer: Experienced/Trainee*	
Assessor: Experienced/Trainee* Risk Rating: Red/Amber/Green	

*countersignature name required as applicable

Learner Name & Pin Number	Unit(s)/Criteria sampled	Assessment method sampled	Grade sampled (as applicable)	Comments (to be extended as required to accommodate more learners or additional comments)

Checklist	Yes	No	Comments
Have all actions from previous Internal Quality Assurance been completed?			
Has the appropriate and sufficient assessment planning taken place?			
Is the assessment method appropriate?			
Has knowledge been evidenced and assessed?			
Is evidence sufficient, authentic & current?			

Has clear evaluative feedback been given?			
Is further action agreed where appropriate?			
Is all necessary documentation complete?			
Do you agree that the assessor's assessment decisions made against specified criteria is valid, reliable and fair?			

General Feedback:	
Assessor comments:	
Action(s) identified:	Date for action(s) to be addressed by:
Internal Quality Assurer signature: Countersignature as applicable:	Date:



Assessor signature: Countersignature as applicable:		Date:		
Actions reviewed:	Date:	Completed in full:	Yes	No
Action review comments:				
Internal Quality Assurer signature: Countersignature as applicable:		Date:		
Assessor signature: Countersignature as applicable:		Date:		