Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification Title** |  | **QAN[[1]](#footnote-1)** |  |
| **Unit Title** |  | **URN[[2]](#footnote-2)** |  |
| **LO(s)/AC(s) [[3]](#footnote-3) to be assessed** |  |
| **Assessment Method(s) to be used** |  |
| **Description of Task** |  |
| **Assessor Name** |  |
| **Learner Name** |  | **Reg. ID** |  |

|  |  |  |
| --- | --- | --- |
| **Assessment Checklist** | **Y/N** | **Additional Comments**  |
| **Has all assessment documentation been prepared?** |  |  |
| **Are all necessary resources and equipment available?** |  |  |
| **Does the learner require any additional support / equipment?** |  |  |
| **Have all health and safety requirements been met?** |  |  |
| **Does the learner know what s/he is being assessed on?** |  |  |
| **Does the learner understand the expectations of the assessment activity and process?** |  |  |
| **Does the learner understand the Appeals Procedure?** |  |  |
| **Is the learner happy to proceed with the assessment?** |  |  |

**Assessment /Action plan**

|  |
| --- |
| **Assessor Comments and Feedback** |
|  |
| **Assessment Outcome** - pass/merit/distinction/refer |
|  |
| **Action(s) to be taken by the learner** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Learner signature** |  | **Date** |  |
| **Assessor signature** |  | **Date** |  |
| **Internal Quality Assurer signature** |  | **Date** |  |

1. Regulatory qualification number e.g. 600/1234/X [↑](#footnote-ref-1)
2. Regulatory Unit Number e.g. J/123/4567 [↑](#footnote-ref-2)
3. Learning Outcome/Assessment Criteria reference(s) [↑](#footnote-ref-3)