

# Internal Verifier

## Report on Assessment Decisions



Please complete form in block letters

Please photocopy as necessary

Internal Verifier (print name) \_\_\_\_\_

Assessor (print name) \_\_\_\_\_

Candidate (print name) \_\_\_\_\_

Candidate enrolment number \_\_\_\_\_

NVQ (Title & Level) \_\_\_\_\_

Sampled evidence has been checked for: validity, authenticity, sufficiency, currency.

Part of Process sampled: planning, review, feedback, recording

| Unit | Element | Type of evidence sampled | Log numbers | Signed off<br>Yes/No |
|------|---------|--------------------------|-------------|----------------------|
|      |         |                          |             |                      |
|      |         |                          |             |                      |
|      |         |                          |             |                      |
|      |         |                          |             |                      |

**Feedback to Assessor:**

IV signature \_\_\_\_\_ Date \_\_\_\_\_

Assessor signature \_\_\_\_\_ Date \_\_\_\_\_

**Action Plan:**

Signed by IV when complete \_\_\_\_\_ Date \_\_\_\_\_

**(Return: WHITE COPY to Assessor / YELLOW COPY to Assessment Centre / PINK COPY to IV)**