

STUDENT ASSESSMENT SAMPLING FEEDBACK

Learner name:		Learner Code:				Start Date:			
Assessor Name:		Status of assessor		Q U A	N Q	Q N C	Q E X	Academic Year: 2010/2011	
								School/Department:	
Qualification/Award:									
Course Code:									
Level:									
Unit Title:						Unit Code:			
Marking Scheme:		<input type="checkbox"/> Pass		<input type="checkbox"/> Pass/ Merit/ Distinction		<input type="checkbox"/> Examination(s)		<input type="checkbox"/> Scoring	
Assessor/Lecturer (s):					Class Code:			No of Learners:	
					Code:				
Assignment Title:							Submission deadlines Dates		
							1st	2nd	3rd
Assessment type:							Does Assignment cover the whole or part of the unit?		
							Yes	Part	Issues
Evidence Required	1 Performance	2 Simulations	3 Assignment	4 Q& A	5 Report	6 Peer Report	7 Product/Project	8 Witness Statement	

Verifier's/Moderator's Checklist	Yes	Part.	No	N/A	Feedback
Is the evidence portfolio appropriately structured?					
Is the assignment brief appropriate, and are learning outcomes specified?					
Have the learner and assessor agreed an action plan?					
Has the assessor carried out relevant workplace assessments or observations?					
Is there evidence of feedback to the learner?					
As the learner been given any chance to give feedback on assessment/Unit?					

Signature of Verifier/Moderator: _____ Date: _____

Signature of Assessor/lecturer: _____ Date: _____

Confirmation that remedial action has be completed and checked:

Signature of Verifier/Moderator: _____

Date: _____