

WWETB Quality Assurance System

Internal Verification Report on the Conduct of the Assessment Process

Version 1.0 May 2019

SECTION 1 – GENERAL INFORMATION						
Date of verification				Time of verification		
Course/ Project Name						
Course/ Project Code				Class Reference Number		
Assessment location						
Module title				Module code		
Assessment title				Assessment code		
SECTION 2						
For the Assessment event				Comment		
2.1	Are all necessary materials, equipment and resources to conduct the assessment at the location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	Was the test pack secure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
2.3	Was the Security Declaration signed and dated accordingly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
2.4	Did the test pack contain all the necessary documentation and sufficient quantities of test papers/instructions for the assessment event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
2.5	Is the layout of the test location appropriate for the assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.6	Did the Assessment Supervisor have a copy of the rules/regulations governing assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
SECTION 3						
The Assessment event				Comment		
3.1	Did all learners taking the assessment sign the attendance sheet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
3.2	Was the correct version of the assessment used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
3.3	If the test is a repeat, is the test paper an alternative version to previous version used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
3.4	Did each learner receive the necessary instructions, datasheets, materials and drawings as appropriate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
3.5	Were the learners instructions read to the learners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
3.6	Were all learners given clear and specific instructions regarding their conduct during the assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		

3.7	Were all learners advised of the test duration (starting & finishing times)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.8	Was advance approval obtained for any learner assessment support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.9	Where assessment support personnel were present during the assessment, did they receive an appropriate briefing on their role and conduct prior to the assessment event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.10	Was anyone else present during the assessment event (other than Assessment Supervisor, Learners being assessed, Learner Assessment Support Personnel)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.11	Was a second person in attendance at the venue during the assessment event (applicable to assessment locations external to ETB Training Centres)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.12	Were there any Health and Safety concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
SECTION 4					
	During the Assessment				Comment
4.1	Were learners supervised at all times, where applicable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.2	Did the assessment supervisor provide any technical advice relating to the assessment (other than clarification of instructions)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.3	Did the learners receive appropriate notification of the time remaining?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.4	Did the assessment finish in line with the assessment duration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.5	Were learners instructed to cease work when the assessment time concluded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.6	Were learners reminded to sign and date all written work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.7	Were all assessment papers, learner instructions, learner assessment evidence collected at the end of the assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.8	Were all practical work test pieces identified correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4.9	Was the attendance sheet signed off by the Assessment Supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.10	Were any unforeseen event(s) during the assessment dealt with in accordance with assessment rules/regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.11	Was there any breach or suspected breach of assessment regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

SECTION 5					
Assessment Documentation/Records					Comment
5.1	Were there any anomalies identified in the supervisor test / assessment instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5.2	Were there any anomalies identified in the learner test / assessment instructions, datasheets, materials and drawings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5.3	Were arrangements in place for secure storage of records / assessment evidence after the test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5.4	Were arrangements in place for secure storage of practical work test pieces until the marking of the test occurs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5.5	Where requested by ETB Training Centre, were previous continuous improvement actions implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
SECTION 6					
Feedback received from persons met as part of the verification process:					
Summary of Internal Verification findings:					
Continuous improvements recommendations:					
Are there any corrective/ preventative action arising? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please comment:					
Internal Verifier Name: <i>print name</i>					
Internal Verifier signature:					Date:
Assessment Supervisor: <i>print name</i>					
Assessment Supervisor signature:					Date: