

WWETB Quality Assurance System
Peer Review of Assessment Form **Version 1.0 May 2019**

SECTION 1 – General Information					
Date of Peer Review		Time of Peer Review (Practical Exam/Skills Demonstration only)			
Course Title					
Course Code		Class Reference Number			
Module title		Module Code			
Assessment Title		Assessment Code			
Assessor Name		Peer Reviewer Name			
SECTION 2 – Method of Assessment – Theory Examination/ Assignment/ Portfolio/ Project Only					
					Comment
2.1	Evidence valid, authentic, reliable, current and sufficient.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
2.2	Was there a range of results for this class/group of learners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
2.3	Were all the marks/scores awarded in line with the assessment criteria?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
2.4	Overall, did you agree with the assessor's decisions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
SECTION 3 – Method of Assessment – Practical Exam/Skills Demonstration Only					
					Comment
3.1	Candidate encouraged and put at ease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.2	Assessment procedure explained and agreed with candidate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.3	All possible sources of evidence covered.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.4	Appropriate questions used to cover knowledge and understanding.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.5	Inconsistencies in evidence are clarified and resolved.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.6	Clear and appropriate assessment decision made.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.7	Clear and helpful feedback provided.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.8	Were all the marks/scores awarded in line with the assessment criteria?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.9	Overall, did you agree with the assessor's decisions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

SECTION 4-
City & Guilds Assessments only
Sampling Strategy – 4 learners to be selected- 1 same learner and 3 random learners for all modules

Names of learners whose results were peer reviewed

Learner Name	Learner Name

SECTION 5

Feedback received from persons met as part of the peer review of results process:

Summary of findings:

Continuous improvements recommendations:

Are there any corrective/ preventative action arising? **Yes** **No**

Please comment:

Peer Reviewer signature:

Date:

Assessor signature:

Date: