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| **INTERNAL STANDARDIZATION FORM** | | | | |
| **Centre Name and Number** | |  | | |
| **Qualification Number & Title`** | |  | | |
| **Unit Number and Title:** | |  | | |
| **Assignment Title (If any)** | |  | | |
| **Name & ULN of Learner** (Please add rows or use additional sheets for larger sample) | **Assessor’s Name** | **Original Grade awarded by the Assessor** | **Agree with original Decision(Y/N)** | **Standard of Assessment Decision** |
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| **Sample Number – 01 (Duplicate this section as many as samples required)** | | | |
| **Unit & Number Title of Sample** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

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| **Sample Number – 02 (Duplicate this section as many as samples required)** | | | |
| **Unit Title & Number of Sample** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

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| **Sample Number – 03 (Duplicate this section as many as samples required)** | | | |
| **Unit Title & Number of Sample** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

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| **Sample Number – 04 (Duplicate this section as many as samples required)** | | | |
| **Unit Title & Number of Sample** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

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| **Any actions required** | | | |
| **Action Required** | | **Target Date for Completion** | **Date Action Completed** |
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| **GENERAL COMMENTS** | | | |
|  | | | |
| **I confirm that the assessment decisions at the same standard across the unit of the center are accurate, there is no evidence of assessment malpractice and any action points have been addressed and completed in respect of the whole cohort.** | | | |
| **IVQA at Center** |  | **Date** |  |
| Assessor -1 |  | Date |  |
| Assessor -2 |  | Date |  |
| Assessor -3 |  | Date |  |
| Assessor -4 |  | Date |  |