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| **INTERNAL VERIFICATION – ASSESSMENT DECISIONS (Single Learner)** | | | | | | | | | |
| **Programme Title:** | |  | | | | | | | |
| **Unit/Component Number and Title:** | |  | | | | | | | |
| **Assessor Name:** | |  | | **Internal Verifier Name:** | |  | | | |
| **Assignment title:** | |  | | | | | | | |
| **Name of Learner** | **Submission Type**  (First, Resubmission, Retake) | **List which assessment and grading criteria the Assessor has awarded. Please state specific criteria and not an overall grade** | **Assessment Decision Accurate (Y/N)** | **List the assessment and grading criteria where inaccurate decisions have been made** | | **State why the assessment decision is inaccurate.**  *\*If an inaccurate decision is recorded the Internal Verifier must recommend actions detailing the issues to be addressed. The Assessor and the Internal Verifier must then confirm that the action has been undertaken before assessment decisions are issued to the learner.* | | | |
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| **INTERNAL VERIFIER CHECKLIST** | | | | | | | **Y/N** | | |
| **Has the learner and the Assessor confirmed the authenticity of the evidence?** | | | | | | |  | | |
| **Is there evidence of collusion or plagiarism?** | | | | | | |  | | |
| **Does the assessment feedback to the learner:**   * Link to relevant assessment criteria? * Justify each assessment criterion awarded? * Provide appropriate guidance to the learner without giving specific actions for improvement? | | | | | | |  | | |
| **GENERAL COMMENTS (if appropriate)** | | | | | | | | | |
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| **Any actions required must be reviewed across the whole cohort.** | | | | | | | | | |
| **Action Required** | | | | | **Target Date for Completion** | | | **Date Action Completed** | |
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| **I confirm that the assessment decisions are accurate, there is no evidence of assessment malpractice and any action points have been addressed and completed in respect of the whole cohort.** | | | | | | | | | |
| **Internal Verifier signature** | |  | | | **Date** | | | |  |
| **Assessor signature** | |  | | | **Date** | | | |  |
| **Lead Internal Verifier signature** (if appropriate) | |  | | | **Date** | | | |  |