

INTERNAL MODERATION/VERIFICATION SAMPLE REFERENCE NUMBER

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INDIVIDUAL CANDIDATE RECORD

Name of candidate	
Qualification	
Level	
Unit	
Activity	
Date of assessment	
Location of assessment	
Name of assessor	

Answer Yes or No to the following Questions:

Question	Yes	No
1. Was the assessment administered correctly?		
2. Could the evidence presented be reliably attributed to the candidate?		
3. Was the evidence accurately judged against the performance criteria?		
4. Was an assessment decision made by the assessor?		
5. Was the assessment decision accurate?		
6. Was clear constructive feedback provided to the candidate?		
7. Was the assessment decision recorded?		
8. Are the assessment records accurate and up to date?		

Please provide comments in the boxes below

General Comments

