All highlighted text in this template is provided as guidance for the internal moderator. Please delete and replace with relevant data.

|  |  |
| --- | --- |
| ASDAN qualification: | |
| Unit(s): | Level: |
| Number of candidates in the cohort: | Number of assessors in the cohort: |
| Assessor name(s): | No of samples used in the moderation: |
| Internal moderator(s): | Date: |

1. **Internal quality assurance of delivery**

This section is designed to quality assure the suitability of the selected units for the candidate profile and the suitability of the formative and summative activities. It should be completed prior to the teaching of the units.

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate details** | **Teacher/assessor** | **Units planned** | **Teaching time frame** |
| Details of any special  needs that the cohort  may require | List of all registered teachers/assessors for each unit | List of all units to be scheduled for the academic year | Planned teaching and formative assessment time frames |

|  |  |  |
| --- | --- | --- |
| **Teaching plan/schedule completed prior to delivery?** | Yes | No |
| **Assessment plan completed (summative)?** | Yes | No |
| Feedback on **types** of units selected:  (based on the needs of the candidate profile) | | |
| Feedback on **quality** of topics selected:  (suitability and consistency of the topics and classroom-based activities) | | |
| Feedback on the **types** of formative activities prepared that will be used to support the decisions to allow the candidate to complete the summative activity (final assessment activity):  (eg role-plays, group activities, Q&A in the classroom) | | |
| Feedback on the **types** of activities and assessment methods in the assessment plan:  Review of whether the delivery of the guided learning has enabled, or will enable, the candidates to prepare adequately for the summative assessment (final activity used as assessment). | | |

|  |  |  |
| --- | --- | --- |
| **Improvements and action points for follow up:** | **Date to be done** | **Completed** |
| Who, what, why, how | When | Date completed |
|  |  |  |
|  |  |  |

1. **Internal quality assurance of assessment – first assessment**

This section is designed to quality assure the assessment decisions after the first unit has been delivered and assessed. It should be completed part-way through the teaching of the units (**not** at the end of the qualification).

|  |  |
| --- | --- |
| **Date:** |  |

**Sample details:**

|  |  |  |
| --- | --- | --- |
| **Candidate** | **Assessor** | **Assessment decision** |
| At least three (if more than three candidates in the cohort) | If more than one assessor is used then ensure that each assessor is reviewed | Did the assessor pass or fail the assessment? |

**Summary of the assessment:**

|  |  |  |
| --- | --- | --- |
| **Assessor name:** Complete one copy of this table for each assessor that was moderated. | | |
| **Did the assessor provide clear evidence of why they have made their decision?** | **Yes** | **No** |
| 1. Is it consistent with the assessment policy and principles of the centre? | Comments – if applicable | Comments – if applicable |
| 1. Accurate: Is it consistent with the expectations of the assessment criteria? |  |  |
| 1. Valid: Is it based on evidence that reflects the breadth of the learner’s work throughout the year and their progression? |  |  |
| 1. Robust: Is it based on evidence that is checked and consistent and leads to a defensible judgement? |  |  |
| 1. Sufficient: Is it based on a sufficiently broad and varied range of different types of evidence? |  |  |

|  |
| --- |
| Feedback on **quality** of feedback to the candidate:  (eg comments on the written evidence, witness statements, annotated photographs provided to the learner) |

|  |  |  |
| --- | --- | --- |
| **Improvements and action points for follow up:** | **Date to be done** | **Completed** |
| Who, what, why, how | When | Date completed |
|  |  |  |
|  |  |  |

1. **Internal quality assurance of completed assessment**

This section is designed to quality assure the assessment decisions after all teaching and assessments have concluded. IT should be completed **at the end of the qualification** and prior to the submission of results to ASDAN.

|  |  |
| --- | --- |
| **Date:** |  |

**Details of sample:**

|  |  |  |
| --- | --- | --- |
| **Candidate** | **Assessor** | **Assessment decision** |
| At least three (if more than three candidates in the cohort) | If more than one assessor is used then ensure that each assessor is reviewed | Did the assessor pass or fail the assessment?  There should be a unit breakdown included if certain units were not successful. |
|  |  |  |
|  |  |  |

**Summary of the assessment:**

|  |  |  |
| --- | --- | --- |
| **Assessor name:** Complete one copy of this table for each assessor that was moderated. | | |
| **Did the assessor provide clear evidence of why they have made their decision?** | **Yes** | **No** |
| 1. Is it consistent with the assessment policy and principles of the centre? | Comments – if applicable | Comments – if applicable |
| 1. Accurate: Is it consistent with the expectations of the assessment criteria? |  |  |
| 1. Valid: Is it based on evidence that reflects the breadth of the learner’s work throughout the year and their progression? |  |  |
| 1. Robust: Is it based on evidence that is checked and consistent and leads to a defensible judgement? |  |  |
| 1. Sufficient: Is it based on a sufficiently broad and varied range of different types of evidence? |  |  |

Please confirm that all the requirements of the assessment have been met and that the evidence/material submitted is sufficient.

|  |  |  |
| --- | --- | --- |
| **Summative assessment documentation completed for each candidate?**  Referred to as the Assessment checklist, Assessment Grid (Personal and Social Effectiveness qualifications) or Evidence Transcript (Personal Progress). | Yes | No |
| **All assessment criteria evidenced?** | Yes | No |
| Feedback on **quality** of evidence and feedback to the candidate:  (eg written evidence, witness statements, annotated photographs, feedback provided to the learner) | | |

|  |  |  |
| --- | --- | --- |
| **Do you agree that the evidence you have reviewed is consistent with the assessor’s recommendation?** | Yes | No |
| **Internal moderator** comments:  Please provide additional comments to support your decision. If you do not agree with the assessor’s decisions, please identify what further evidence/action is required. Are there any themes or issues from your review of the assessment decision you would like to provide feedback on? | | |
| Feedback to the **assessor:**  Is there any feedback you would like to give to the assessor to assist in their future professional development? Please give details. | | |
| Feedback to the **teacher:**  Is there any feedback you would like to give to the teacher to assist in the future delivery of the qualification? Please give details. | | |
| Feedback to **ASDAN:**  Is there any feedback you would like to give to ASDAN in relation to the centre internal quality assurance process and how ASDAN could assist? Please give details. | | |

|  |  |  |
| --- | --- | --- |
| **Standardisation completed?** | Yes | No |
| **Internal moderator** comments:  If there is more than one assessor responsible for assessing a unit within the centre and involved in judging partially completed evidence for that unit then these assessors must work together to standardise their judgements. Please provide details of the standardisation process and who was involved. | | |
| Quality checklist:  Have any organisational or support issues affected the cohort during the assessment? For example, have there been any issues in the provision of support and reflective supervision, workload relief? Have any employment or capability issues affected the cohort during the assessment? | | |

|  |  |  |
| --- | --- | --- |
| **Improvements and action points for follow up:** | **Date to be done** | **Completed** |
| Who, what, why, how | When | Date completed |
|  |  |  |
|  |  |  |

**Internal moderator decision:**

|  |  |  |
| --- | --- | --- |
| **Are you satisfied that the sample selected is reflective of the entire cohort’s achievements?** | Yes | No |
| **Are certain candidates to be excluded from the moderation window?** | Yes | No |
| **Can the cohort be submitted to ASDAN for moderation?** | Yes | No |
| Internal moderator signature: | Date: | |