



Learner  
Achievement  
Portfolio

# Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practices

Qualification  
Accreditation Number:  
501/0165/1

Version AIQ005823

**Active iQ**

# Contents

## **Unit 1 – Understanding the principles and practices of internally assuring the quality of assessment...5**

Worksheet.....5

## **Unit 2 Internally assure the quality of assessment..... 11**

IV Sampling Plan (Assessor 1) ..... 11

IV Sampling Plan Feedback Form (Assessor 1)..... 12

IV Sampling Plan (Assessor 2) ..... 13

IV Sampling Plan Feedback Form (Assessor 2) ..... 14

Internal Verification Planning Letter (Assessor 1)..... 15

Internal Verification Planning Letter (Assessor 2)..... 17

Observation ..... 19

Standardisation Activity Task ..... 20

Continued Professional Development ..... 21

Active IQ wishes to emphasise that whilst every effort is made to ensure accuracy, the material contained within this document is subject to alteration or amendment in terms of overall policy, financial or other constraints. Reproduction of this publication is prohibited unless authorised by Active IQ Ltd. No part of this document should be published elsewhere or reproduced in any form without prior written permission.

# Active IQ Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice

## Assessment plan and record of achievement

Centre name:

Learner name:

Assessment Plan					Record of Achievement		
Units	Stage of assessment	Evidence	Assessment method	Planned assessment date	Pass/Refer/APA (if claiming APA detail evidence seen)	Assessor's signature or initials and date	IV initials (if sampled)
1	Understanding the principles and practices of internally assuring the quality of assessment	Worksheet or professional discussion	Written or oral				
2	Internally assure the quality of assessment	Sampling plans	Written				
		IV visit letter	Written				
		Direct observation	Observation				
		Professional discussion	Oral				
		IV reports	Written				
		Standardisation activity	Written				
		Personal development plan	Written				

**Assessment planning and record of achievement declaration**

Declaration		Name	Signature	Date
<b>Learner's agreement</b>	I agree to be assessed according to the assessment plan and am happy that any additional support I require has been discussed and a separate plan put in place for this.  I declare that all of the evidence (listed in the assessment plan) that will be produced for this portfolio will be my own unaided work.			
<b>Assessor's agreement</b>	I have discussed the planned assessments with the learner and any additional support required has been planned and recorded separately.			

**Record of achievement declaration**

Declaration		Name	Signature	Date
<b>Assessor 1's agreement:</b>	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
<b>Assessor 2's agreement:</b> (if applicable)	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
<b>Assessor 3's agreement:</b> (if applicable)	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
<b>Internal verifier's agreement:</b>	I declare that all learner evidence (initialled in the assessment plan) has been internally verified and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			

# Unit 1 – Understanding the principles and practices of internally assuring the quality of assessment

Unit accreditation number: T/601/5320

Please complete **either** the worksheet or professional discussion

## Worksheet

1. Explain the functions (purpose) of internal quality assurance in learning and development

**3 marks**

2. Identify and explain three key concepts / principles of the internal quality assurance of assessment

**6 marks** (a minimum of 4 marks required)

3. Explain the role of the Internal Verifier

**2 marks**

4. Explain the role of the External Verifier

**2 marks**

5. Outline three regulations and their requirements for internal quality assurance in your own area of practice

**6 marks** (a minimum of 4 marks required)

6. Outline the importance of planning and preparing internal quality assurance activities and the risks that could occur through lack of planning and preparation

**4 marks**

7. Explain what an internal quality assurance plan should contain

**6 marks**

8. Explain the following aspects of internal quality assurance preparations

Information collection:
Communication:
Administrative arrangements:
Resources:

**8 marks** (a minimum of 4 marks required)

9. Explain the advantages and disadvantages of the following sampling methods

<b>Sampling technique</b>	<b>Advantages</b>	<b>Disadvantages</b>
Formative		
Summative		
Learner interviews		
Observation of assessors		
Portfolio sampling		

**10 marks** (a minimum of 8 marks required)

10. Explain how the Internal Verifier may use technology to sample evidence of assessment

--

**2 marks**

11. Explain the appropriate criteria to use when judging the quality of the assessment process

**4 marks** (a minimum of 4 marks required)

12. Summarise the types of feedback, support and advice that assessors may need to maintain and improve the quality of assessment

**4 marks**

13. Explain standardisation requirements in relation to assessment

**3 marks**

14. Explain the procedures regarding disputes about the quality of assessment

**3 marks**



15. Evaluate the impact of the following requirements within quality assurance of the assessment process

Information management:

Data protection:

Administrative arrangements:

Health, safety and welfare:

Equality and diversity and where appropriate, bilingualism:

**15 marks** (a minimum of 10 marks required)

16. Evaluate two different ways that use of technology can contribute to the quality assurance process

**2 marks**

17. Why is continual professional development (CPD) and reflective practice important for an assessor?

**3 marks**

**Result total     /83 marks**

71 marks required for a pass; however a minimum of 1 mark must be achieved for each question unless otherwise stated below:

- a minimum of 4 marks must be achieved for question 2
- a minimum of 4 marks must be achieved for question 5
- a minimum of 4 marks must be achieved for question 8
- a minimum of 8 marks must be achieved for question 9
- a minimum of 4 marks must be achieved for question 11
- a minimum of 10 marks must be achieved for question 15

**Pass/Refer**

**Assessor's feedback**

# Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

## IV Sampling Plan (Assessor 1)

Qualification  
Name:

Centre/satellite  
name:

Centre  
number:

Assessor's  
Name:

Trainee Internal  
Verifier's Name:

Course Start  
Date:

Please enter a rationale for your assessor in the box below:

- Key:**
- IV to enter planned dates for verification and then the actual date the verification took place.
  - IV to enter unit numbers and assessment method sampled in table below against each unit chosen:
  - Stage of Programme - Early (ELY) Middle (MID) End (END) Early Leaver (EL)

Number of Units →			Please detail in the boxes below the unit numbers the learner has selected and whether 'M' mandatory or 'O' Optional ensuring the required number of both mandatory and optional units are covered for the relevant qualification													
Evidence → Learner's Name ↓	Planned IV	Actual IV	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Assessment Date/s Stage of Programme	IV agrees with Assessor Decision Y/N

## Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

### IV Sampling Plan Feedback Form (Assessor 1)

Did all the evidence sampled meet VARS? Delete as appropriate.	<b>VALID</b>	<b>AUTHENTIC</b>	<b>RELIABLE</b>	<b>SUFFICIENT</b>
	YES      NO	YES      NO	YES      NO	YES      NO

Evidence Sampled	IV Feedback/Comments
------------------	----------------------

Assessor Personal Development Plan:	Target Date for Completion:
-------------------------------------	-----------------------------

	No. Learners	No. Of Sites
Total Number		
Number Sampled		
Trainee Internal Verifier's Signature		Date:
Assessor's Signature		Date:

# Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

## IV Sampling Plan (Assessor 2)

Qualification  
Name:

Centre/satellite  
name:

Centre  
number:

Assessor's  
Name:

Trainee Internal  
Verifier's Name:

Course Start  
Date:

Please enter a rationale for your assessor in the box below:

- Key:**
- IV to enter planned dates for verification and then the actual date the verification took place.
  - IV to enter unit numbers and assessment method sampled in table below against each unit chosen:
  - Stage of Programme - Early (ELY) Middle (MID) End (END) Early Leaver (EL)

Number of Units →			Please detail in the boxes below the unit numbers the learner has selected and whether 'M' mandatory or 'O' Optional ensuring the required number of both mandatory and optional units are covered for the relevant qualification													
Evidence → Learner's Name ↓	Planned IV	Actual IV	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Assessment Date/s Stage of Programme	IV agrees with Assessor Decision Y/N

## Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

### IV Sampling Plan Feedback Form (Assessor 2)

Did all the evidence sampled meet VARS? Delete as appropriate.	<b>VALID</b>	<b>AUTHENTIC</b>	<b>RELIABLE</b>	<b>SUFFICIENT</b>
	YES      NO	YES      NO	YES      NO	YES      NO

Evidence Sampled	IV Feedback/Comments
------------------	----------------------

Assessor Personal Development Plan:	Target Date for Completion:
-------------------------------------	-----------------------------

	No. Learners	No. Of Sites
Total Number		
Number Sampled		
Trainee Internal Verifier's Signature		Date:
Assessor's Signature		Date:

# Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

## Internal Verification Planning Letter (Assessor 1)

### Dear

I can confirm that I would like to visit you to perform Internal Verification on:

Date:

Time:

Would you kindly confirm that the visit date is convenient for you no later than **2 weeks from date of this letter**. On the following page I have marked (\*) all areas/aspects that I will require access to on the day of the visit. To maximise the effectiveness of the visit please ensure access to all areas marked.

Please send your confirmation information to:

IV email

I look forward to seeing you. In the meantime if you have any queries please do not hesitate to contact me on the above addresses or telephone me on:

<b>Access required to:</b>	<b>Mark (*)</b>
<b>Additional Management Systems and Physical Resources</b>	
Documented evidence of any Additional Learning that learner may have (ALN)	
Timetables, schemes of work & lesson plans for all courses	
<b>Assessment:</b>	
Formative & summative assessment documentation	
Learner assessment lists/completed assessment documentation	
Learner tracking documents/registration/certification documents	
Learner portfolios complete/incomplete dependant on stage of learner	

**Please make available the following in preparation for the scheduled IV Visit: Mark (\*)**

**Portfolios and Learners:**

The following portfolio's and/or learners should be made available at the visit:

(Delete as appropriate)

- All current portfolios (IV will identify those to be verified on arrival)
- Named Portfolios:

---



---



---



---



---



---

- Named learners:

---



---



---



---



---



---

**Suggested Structure of the Visit:**

Time	Activity	



# Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

## Internal Verification Planning Letter (Assessor 2)

### Dear

I can confirm that I would like to visit you to perform Internal Verification on:

Date:

Time:

Would you kindly confirm that the visit date is convenient for you no later than **2 weeks from date of this letter**. On the following page I have marked (\*) all areas/aspects that I will require access to on the day of the visit. To maximise the effectiveness of the visit please ensure access to all areas marked.

Please send your confirmation information to:

IV email

I look forward to seeing you. In the meantime if you have any queries please do not hesitate to contact me on the above addresses or telephone me on:

<b>Access required to:</b>	<b>Mark (*)</b>
<b>Additional Management Systems and Physical Resources</b>	
Documented evidence of any Additional Learning that learner may have (ALN)	
Timetables, schemes of work & lesson plans for all courses	
<b>Assessment:</b>	
Formative & summative assessment documentation	
Learner assessment lists/completed assessment documentation	
Learner tracking documents/registration/certification documents	
Learner portfolios complete/incomplete dependant on stage of learner	

**Please make available the following in preparation for the scheduled IV Visit: Mark (\*)**

**Portfolios and Learners:**

The following portfolio's and/or learners should be made available at the visit:

(Delete as appropriate)

- All current portfolios (IV will identify those to be verified on arrival)
- Named Portfolios:

---



---



---



---



---



---

- Named learners:

---



---



---



---



---



---

**Suggested Structure of the Visit:**

Time	Activity	

# Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

## Observation

### Observation of Assessment and Professional Discussion Form

Did the trainee IV:	YES	NO
Carry out internal monitoring activities to quality requirements?		
Evaluate assessor expertise and competence in relation to the requirements of their role?		
Evaluate the planning and preparation of assessment processes?		
Determine whether assessment methods are fair, safe, valid and reliable?		
Compare assessor decisions to ensure they are consistent?		
Provide assessors with feedback, advice and support, including professional development opportunities, which help them to maintain and improve the quality of assessment?		
Critically reflect on own practice in internally assuring the quality of assessment?		
Apply procedures for recording, storing and reporting information relating to internal quality assurance?		
Follow procedures to maintain confidentiality of internal quality assurance information?		
<b>Overall feedback/development points: (please ensure feedback is sufficiently detailed and relevant to the assessment criteria:</b> <b>PASS/REFER</b>		

Professional discussion	Trainee IV responses
How do you apply relevant policies, procedures and legislation in relation to internal quality assurance, including those for health, safety and welfare?	
How do you apply requirements for equality and diversity and, where appropriate, bilingualism, in relation to internal quality assurance?	

# Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

## Standardisation Activity Task

1. You must create a standardisation activity for a minimum of two assessors across one qualification.

Detail what the standardisation activity is:

2. Carry out your planned standardisation activity with a minimum of two assessors and provide evidence in your portfolio of how you ensured assessor decisions were consistent. The following are examples of the “types” of evidence that you could provide:
  - Clearly documented minutes of the activities and outcomes
  - DVD evidence of a standardisation activity
  - Voice file evidence of standardisation activity

## Unit 2 Internally assure the quality of assessment

Unit accreditation number: A/601/5321

### Continued Professional Development

Complete the Personal Development Plan (PDP) detailing how you will maintain the currency of your own expertise and competence in order to assess with best practice.

Date	Areas where I need to develop	Actions I need to take to achieve this	Objective (short, medium or long term)	Review date	Update on progress

## Notes



Active IQ

Dryden House  
St. Johns Street  
Huntingdon  
PE29 3NU

T 01480 467 950  
F 01480 456 283  
info@activeiq.co.uk  
www.activeiq.co.uk

Active IQ wishes to emphasise that whilst every effort is made to ensure accuracy, the material contained within this document is subject to alteration or amendment in terms of overall policy, financial or other constraints. Reproduction of this publication is prohibited unless authorised by Active IQ Ltd. No part of this document should be published elsewhere or reproduced in any form without prior written permission.



Active iQ



18089900473  
Printed on Carbon Captured paper

