IQA sign off form (AD4)

Centre devised assessment development

City & Guilds
Believe you can

IQA Name	Centre Name
EQA Name	**Centre Number**

Qualification(s) Quality Assured

Assessments to be quality assured (to include where possible examples of advice and support provided)	
Assessment 1	
Assessment 2	
Assessment 3	
Assessment 4	
The sample requested will vary depending on the breadth of qualifications/assessments to be quality assured. Your EQA will notify you of the size of the initial sample. **For each assessment please provide copies of**: completed AD1 and AD2 forms (draft and final), along with completed sign off sheets AD3. Your EQA may request further samples.	

Checklist	**Assessment**			
	1	**2**	**3**	**4**
AD1 – Tasks (final)				
Tasks are of an appropriate format to generate sufficient valid evidence.				
Mapping to the unit is complete.				
Tasks do not prevent access for any candidate groups.				
Conditions specified are appropriate for the assurance of authenticity of evidence.				
The tasks seem achievable in the timeframes.				

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Checklist	Assessment			
	1	2	3	4
AD2 – Grading criteria (final)				
1 The grading criteria have been checked to ensure they can be used reliably across assessors and do not require content which is irrelevant to the unit. 2 The grading criteria are in line with national standards.				
AD3 – Assessment sign-off				
1 Any issues in the draft assessments have been identified and appropriate guidance and actions have been given where necessary in order to support writers and ensure valid and reliable assessments.				

To be completed by the External Quality Assurer (EQA)

I have reviewed a sample of internal quality assurance decisions made by the above internal quality assurer in reviewing centre devised assessments for use.

☐ *I would like to see further evidence – please review the remedial actions noted below and provide further samples for quality assurance as directed.*

☐ *I confirm the decisions and advice provided to be sound, upholding the valid and reliable assessment of the specified qualifications.*
All further assessments for the above qualifications may be signed off by this internal quality assurer; further sampling will take place during normal quality assurance visits.

EQA signature		**Date**	

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To be completed by the EQA

Remedial action(s) required	
Further samples to include	
Date	

To be completed by the IQA

Actions taken	
Date	

To be completed by the EQA

I have reviewed a sample of internal quality assurance decisions made by the above internal quality assurer in reviewing centre devised assessments for use.

☐ *I confirm the decisions and advice provided to be sound, upholding the valid and reliable assessment of the specified qualifications.*
All further assessments for the above qualifications may be signed off by this internal quality assurer; further sampling will take place during normal quality assurance visits.

EQA signature		Date	