



## IQA Report

Assessor name:											
IQA name:											
Qualification:											
Evidence sampled	IQA Feedback Comments										
Did all the evidence sampled meet VARCS? <i>(Delete as appropriate)</i>		<b>VALID</b>		<b>AUTHENTIC</b>		<b>RELIABLE</b>		<b>CURRENT</b>		<b>SUFFICIENT</b>	
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
IQA Report Number (e.g. IQA001)											
Total Number of learners on cohort											
Total Number of Portfolios Sampled											
Internal Verifier Signature & Date											
Assessor Signature & Date											

### Assessor review following IQA sample

Assessor name:		
IQA name:		
Date:		
Corresponding IQA Report Number:		
Assessor development plan (Future / Immediate action points)		Target date for completion
FUT/IMM		
FUT/IMM		
FUT/IMM		
FUT/IMM		
FUT/IMM		
FUT/IMM		
FUT/IMM		
No action points required (Please tick)		N/A

Assessor CPD Opportunities:

Assessor feedback to IQA:

IQA Signature & Date	
Assessor Signature & Date	