

Caribbean Examinations Council
Caribbean Vocational Qualification
External Verification Report

TERRITORY DETAILS	Territory	
	Institution Name	
	Institution Code	
	Contact Person	
PROGRAMME DETAILS	Qualification Title	
	Level	
	Start Date	
	Certification Date	
ASSESSOR'S DETAILS	Name	
	Number	
EXTERNAL VERIFIER'S DETAILS	Name	
	Number	
ASSESSMENT SAMPLING PLAN (External Verifiers are required to sample a minimum of 5 candidates or 10 percent of the total number of candidates.)	TOTAL NUMBER OF CANDIDATES	
	SAMPLE SIZE	
	UNITS TO BE VERIFIED (please state all units by code and title)	
PERCENTAGE RELIABILITY (minimum reliability of 80%)		

	CANDIDATE'S DETAILS				ASSESSOR RESULTS (this information is to be captured from Achievement Sheet)		EXTERNAL VERIFICATION RESULTS	
	Registration Number (if previously assigned)	Surname	First Name	Gender (M/F)	COMPETENT Use a tick (✓) to indicate	NOT YET COMPETENT (NYC) Use a tick (✓) to indicate	COMPETENT Use a tick (✓) to indicate	NOT YET COMPETENT (NYC) Use a tick (✓) to indicate
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
CORRECTIVE ACTIONS REQUIRED	PRACTICE							
	CAPACITY BUILDING							

SAMPLING OF RECORDS

CANDIDATES' RECORDS SAMPLED		TYPE OF RECORD & CRITERIA Use a tick (✓) to indicate									STATUS REPORT Use a tick (✓) to indicate		COMMENTS
SURNAME	FIRST NAME	Final Assessment Records			Achievement Records*			Internal Verification Report			ACCEPTABLE	UNACCEPTABLE	
		ACCURATE	RETRIEVABLE	CURRENT	ACCURATE	RETRIEVABLE	CURRENT	ACCURATE	RETRIEVABLE	CURRENT			
WILLIAMS	JODINE	✓	✓	✓	✓				✓		✓		
WILLIAMS	JOAN												
WILLIAMS	JODIAN												
WILLIAMS	JODIANNA												
WILLIAMS	JUDIANNE												

*External Verifiers are to sample actual assessment records and match to achievement sheets to ensure information was accurately transferred

WITNESSING ASSESSMENTS

CRITERIA		STATUS REPORT Use a tick (✓) to indicate		RECOMMENDATIONS/ COMMENTS
		ACCEPTABLE	UNACCEPTABLE	
Assessment Planning	Opportunities created for self and/or peer assessment			
	Assessment tasks/activities appropriate for the competencies being measured			
	Instruction to candidates clear and concise			
Assessment Evidence	Observation (<i>accurate execution of procedures/process</i>)			
	Oral Questioning (<i>relevance of questions and accuracy in response</i>)			
	Product Review (<i>examine finish of final product</i>)			
	Portfolio Review (<i>entries appropriate, dated, authenticated and securely fastened</i>)			
Assessment Feedback (<i>timely and provides suggestions for improvement</i>)				

Assessment Duration (<i>candidates were able to complete assigned task</i>)			
Assessment Records (<i>forms accurately completed</i>)			

PORTFOLIO SAMPLING

CANDIDATE'S RECORDS SAMPLED		CRITERIA FOR REVIEW OF ENTRIES	STATUS REPORT Use a tick (✓) to indicate		RECOMMENDATIONS / COMMENTS
SURNAME	FIRST NAME		ACCEPTABLE	UNACCEPTABLE	
		Title Page			
		Table of Contents			
		Securely fastened			
		Related to the units for recognition			
		Sufficient to validate competencies (<i>be guided by the range statements and performance criteria in the ROS for the qualification</i>)			
		Industry attachment/field trips/work experience reports (<i>students and/or employers</i>)			
		Photographs (<i>relevant, dated, authenticated with descriptors and titles</i>)			
		Reflections			
		Peer Assessment			
		Self-Assessment			
		Written assignments/tests (<i>scored and corrected</i>)			
		Resumes/Personal Profile			
		Testimonials (<i>Optional</i>)			

TRAINING FACILITIES REVIEW

ACTIVITY		STATUS REPORT Use a tick (✓) to indicate		RECOMMENDATIONS/ COMMENTS
		ACCEPTABLE	UNACCEPTABLE	
Physical Facilities				
Tools and Equipment	Adequate			
	Functional			
Consumables	Sufficient			
	Provisions for replenishing (<i>budget, requisition and procurement arrangements</i>)			
Safety	Maintenance (<i>plan and evidence of actual maintenance</i>)			
	Storage (<i>adequate, organised, labelled, shelves and or storage bins</i>)			
	Fire safety (<i>equipment and drills</i>)			
	Emergency Provisions (<i>plan, designated route and assembly point</i>)			

ACTIVITY	STATUS REPORT Use a tick (✓) to indicate		RECOMMENDATIONS/ COMMENTS
	ACCEPTABLE	UNACCEPTABLE	
Recommendations from Facilities Audit Implemented			

SUMMARY OF FINDINGS

COMPLIANCE REPORT	COMMENTS/RECOMMENDATIONS
REGIONAL OCCUPATIONAL STANDARDS (ROS)	
PROCEDURES	
RECORDS KEEPING	

ASSESSOR:

SIGNATURE

DATE

INTERNAL VERIFIER:

SIGNATURE

DATE

EXTERNAL VERIFIER:

SIGNATURE

DATE

HEAD OF INSTITUTION:

SIGNATURE

DATE