

Caribbean Vocational Qualification  
Internal Verification Report

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

No.	RECORDS SAMPLED	CRITERIA	STATUS REPORT Use a tick (✓) to indicate			
			ACCEPTABLE	UNACCEPTABLE	N/A	
1.	Assessment Records	Candidates Feedback	Constructive			
			Linked to performance criteria			
			Suggest actions for improving performance			
		Completion of Documents	Correct documents used			
			Signatures			
			Dates			
		Assessment Decisions	Accuracy of Information			
			Clearly stated			
2.	Portfolio	Building Process	Developed in keeping with portfolio building plan			
			On track based on the training schedule			
			Documents are accessible			
			Pages are securely fastened			
		Portfolio Review	Title Page			
			Table of Contents			
			Sufficient to validate competencies ( <i>more than one piece of evidence required</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> )			

CORRECTIVE ACTIONS REQUIRED	PRACTICE	
	CAPACITY BUILDING	

**SUMMARY OF FINDINGS**

COMPLIANCE REPORT	COMMENTS/RECOMMENDATIONS
STANDARDS	
PROCEDURES	
RECORDS KEEPING	

**ASSESSOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**INTERNAL VERIFIER:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**HEAD OF INSTITUTION:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE