

**CARIBBEAN EXAMINATIONS COUNCIL**

Caribbean Vocational Qualification

External 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>ASSESSOR'S DETAILS</b>	Name	
	Number	
<b>EXTERNAL VERIFIER'S DETAILS</b>	Name	
	Number	
<b>ASSESSMENT SAMPLING PLAN</b> (External 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 SIZE</b>	
	<b>UNITS TO BE VERIFIED</b> <i>(please state all units by code and title)</i>	
<b>PERCENTAGE RELIABILITY</b> <i>(minimum reliability of 80%)</i>		

	<b>CANDIDATE'S DETAILS</b>				<b>ASSESSOR RESULTS</b> <i>(this information is to be captured from Achievement Sheet)</i>		<b>EXTERNAL VERIFICATION RESULTS</b>	
	Registration Number <i>(if previously assigned)</i>	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								

<b>CORRECTIVE ACTIONS REQUIRED</b>	<b>PRACTICE</b>	
	<b>CAPACITY BUILDING</b>	

## 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> )			

ACTIVITY	STATUS REPORT Use a tick (✓) to indicate		RECOMMENDATIONS/ COMMENTS
	ACCEPTABLE	UNACCEPTABLE	
Emergency Provisions ( <i>plan, designated route and assembly point</i> )			
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