## Internal Quality Assurance Feedback to Assessor Form

|  |  |
| --- | --- |
| **Unit** |  |
| **Qualification title and code** |  |
| **Class name / number** |  |
| **Assessor name** |  |
| **Internal Quality Assurer name** |  |

|  |
| --- |
| **Evidence viewed** |
|  |
| **General comments / evidence gaps** |
|  |
| **Feedback to assessor** |
|  |

|  |
| --- |
| **Examples of good practice** |
|  |
| **Action plan** |
|  |
| **Assessor comments – self review** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Signature** | **Print name** | **Date** |
| **Assessor** |  |  |  |
| **Internal Quality Assurer** |  |  |  |