

Internal Quality Assurance Portfolio Sampling Form (ICE1D)

Qualification Title		Date
Quality Assurance Name		Name of Assessor Experienced Assessor
Name of Learner		Learner Number No
Assessment Site		
Quality Process	Final Portfolio Y/N	

	Yes	No	Comments
Does the Portfolio meet the Awarding Organisations requirements?			
Does the Portfolio meet the centres requirements?			
Is the evidence sufficient?			
Is there sufficient evidence of tracking?			
Has the assessment documentation in support of the qualification been completed correctly?			
Assessor's Signature			Date
Quality Assurance Signature			Date