Completed forms must be retained for IQA and EQA purposes.

|  |  |
| --- | --- |
| **Learner** |  |
| **Course / Qualification Title** |  |
| **Assessor** |  |
| **IQA** |  |
| **Date / Time / Location of Discussion** |  |
| **Unit(s) being Assessed** |  |

|  |  |  |
| --- | --- | --- |
| Record of Professional Discussion:  *(Please summarise clearly the discussion that took place, the assessment criteria fully met and persons present during the activity)* | Indicate which units  and assessment criteria have been completed | |
| Unit No | A/C Ref |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assessor to indicate evidence is: *(please tick ✓)* | | | | | | | | | |
| Valid |  | Authentic |  | Reliable |  | Current |  | Sufficient |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessor Feedback to Learner | | | |
|  | | | |
| Strengths |  | | |
| Areas for Development |  | | |
| All Assessment Criteria Met | Yes  No | | |
| Assessor Signature: |  | Date: |  |
| **Learner Signature:** |  | **Date:** |  |