




Prior Verification Evaluation Form

What this form is for

This form is a report based on the prior verification of assessment instruments and marking schemes that have not previously been externally verified. This is particularly recommended for new qualifications, such as HN Graded Units.

How to use this form

- This form is to be completed electronically. Please make sure that you are using Adobe Reader 9 or later. This can be downloaded free of charge from the [Adobe website](#) 

When you have finished

Once this form is complete, please email it to: qvprior@sqa.org.uk

All the details you complete in this form, as well as any supporting documents you send, will be treated as **private and confidential** by SQA.

Centre and Qualification Verifier Details

Centre's Full Name	
Centre's SQA Number	
Qualification Verifier's Name	
Date	

Qualification Information

Verification Group Number	
Verification Group Name	
Qualification Block	
Qualification Level	
Qualification Name	
Unit Number	
Unit Title	
Which outcome of the unit is being included in the Assessment?	

Evaluation

Please indicate the appropriate response to items 1-6 and complete each section, providing details of your evaluation.

1. Is the instrument of assessment appropriate to purpose?	
2. Does it ensure adequate coverage of all outcomes of learning defined in the qualification?	
3. Does it assess the learning in the context of tasks which arise naturally?	

4. Does it facilitate the marking of reliable assessment decisions by all assessors for all candidates?	
5. Does it produce evidence of candidates' performance which can be measured against specified outcomes and defined standards?	
6. It is accessible to all candidates who are potentially able to achieve it (no unnecessary barriers/conforms to Equal opportunities guidelines)?	

Additional Comments

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Conclusions

Please confirm if the Assessment Instrument is Valid?	
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If you answer **No**, please ensure you have given clear advice and guidance to the centre on remediation.

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Verifier Confirmation

Verifier Name

Date

(dd/mm/yyyy)

SQA Confirmation

Decision

SQA Officer Name

Date

(dd/mm/yyyy)