SVQ Blank Recording Forms

Version number: 03

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This file is intended for printing, and is not suitable for users of assistive technology. Please add extra sheets where required.

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We are committed to using plain language. If you have any suggestions on how we can improve, let us know at editor@qualifications.gov.scot.

Unit progress record

Qualification and level:

Candidate's name:

To achieve the whole qualification, I must prove competence in mandatory units and optional units.

Unit checklist

Mandatory units	**Optional units**

Mandatory units achieved

SQA code	Unit title	Assessor's signature	Date

Optional units achieved

SQA code	Unit title	Assessor's signature	Date

Assessment plan

Unit title:

Activities	Performance criteria/ Knowledge and Understanding Statement	Method of assessment/sources of evidence	Date of assessment	Evidence already available	Links to other units

Activities	Performance criteria/ Knowledge and Understanding Statement	Method of assessment/sources of evidence	Date of assessment	Evidence already available	Links to other units

Assessor’s signature

Candidate’s signature

Date of agreement

1st review due

2nd review due

Date of completion

Candidate declaration

Centres must take appropriate steps to minimise the risk of plagiarism and ensure that assessment evidence is the candidate's own work. Centres should ensure the candidate signs this form and it is available for verification purposes.

I confirm that the content of this portfolio is my own work.

Candidate signature:

Candidate name (print)

Date

Assessor's signature

Assessor's name (print)

Date

Personal profile

Name:

Address:

Postcode:

Telephone:

Email address:

Job title:

Relevant experience

Description of your current job:

Previous work experience:

Qualifications and training:

Voluntary work/interests:

Current training

Name of employer/training provider/college:

Address:

Postcode:

Telephone number:

Type of business:

Number of staff:

Structure of organisation (include chart or diagram if available):

Mentor's name:

Mentor's relationship to you (your supervisor, colleague?):

Index of evidence

Qualification title and level:

Evidence number	Description of evidence	Included in portfolio (Yes/No) If no, state location	Sampled by the IV (initials and date)

Achievement record

Unit title:

Use the columns P1–P4 and K1–K4 to record the Performance / Knowledge and Understanding statements that are covered

Evidence index no	Description of evidence	P1	P2	P3	P4	K1	K2	K3	K4
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐

Assessor’s Notes/Comments

The candidate has satisfied the assessor and internal verifier that the performance evidence has been met.

Candidate’s signature

Date

Assessor’s signature

Date

Internal verifier’s signature

Date

Observation Record

Unit title:

Candidate's name:

Evidence index number:

Date of observation:

Skills/activities observed	**Performance criteria/Knowledge and Understanding statements covered**

Knowledge and understanding apparent from this observation

Other units/outcome(s) to which this evidence may contribute

Assessor's comments and feedback to candidate

I can confirm the candidate's performance was satisfactory.

Assessor's signature

Date

Candidate's signature

Date

Record of questions and candidate's answers

Unit title	
Outcome(s)	
Evidence index number	

Circumstances of assessment

List of questions and candidate's responses
Q
A
Q
A
Q
A

Assessor's signature

Date

Candidate's signature

Date

Personal statement

Date	Evidence index number	Details of statement	Links to other evidence (enter numbers)	Performance criteria/ Knowledge and Understanding statements covered

Candidate's signature

Witness testimony

Qualification title and level	
Candidate's name	
Evidence index number	
Index number of other evidence which this testimony relates to (if any)	
Performance criteria/Knowledge and Understanding statements covered	
Date of evidence	
Name of witness	
Email address of witness	
Designation/relationship to candidate	

Details of testimony

I can confirm the candidate's performance was satisfactory.

Witness's signature: Date:

Witness (please select the appropriate box):

Holds appropriate qualifications and/or experience ☐

Is familiar with the Units to which the candidate is working ☐