**Internal Verification Record**

Access to Higher Education Diploma

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| Provider Name |       | Module |       |

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| **Pathway** | **Diploma Title** | **Unit Titles** | **Unit Codes** | **Approved GDs** | **Originator(s)** | **Internal Verifier(s)** |
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**Pre-Delivery Verification of Assessment Strategy**

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|  | **Yes** | **No** |
| Does the planned assessment strategy address all of the assessment criteria for this unit and provide opportunities for differentiation? | [ ]  | [ ]  |
| Have all of the approved grade descriptors been applied appropriately across the planned assignment strategy? (Graded Units only) | [ ]  | [ ]  |
| Is/are the assignment(s) valid for assessing achievement of this unit and are they appropriate to the level and credit value of the unit?  | [ ]  | [ ]  |
| Are there any issues around equality and diversity that need to be addressed in the design of the planned assignment(s)? | [ ]  | [ ]  |

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| **Assignment Title & Type** | **GDs used** | **Action needed before the assignments are used** *(if any)* | **By When** (date) | **Completed** (and date) | **Assignment Review Date** |
| **Yes** | **No** |
| 1 | Title:       |       |       |       | [ ]  | [ ]  |       |
| Type:       | Date:       |
| 2 | Title:       |       |       |       | [ ]  | [ ]  |       |
| Type:       | Date:       |
| 3 | Title:       |       |       |       | [ ]  | [ ]  |       |
| Type:       | Date:       |
| 4 | Title:       |       |       |       | [ ]  | [ ]  |       |
| Type:       | Date:       |
| 5 | Title:       |       |       |       | [ ]  | [ ]  |       |
| Type:       | Date:       |

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| IV Signature |       | Date |       |
| Originator Signature |       | Date |       |

**Post-Delivery Verification of Assessment**

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| **Learner** | **Diploma** | **Grade**(P, M, D)**or Ungraded** (UG) | **OA and QAA Regulations Appropriately Applied** | **Good Practice** | **Action Required** | **Internal Verifier Signature** |
| **All AC’s Met** | **Grade Decisions Accurate** | **Feedback to Learner** |
| **Yes** | **No** | **Yes** | **No** | **N/A** | **Yes** | **No** | **Yes** | **No** |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |
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**Feedback to the Assessor**

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| **Good Practice to Share** | **By whom** | **By when** | **Completed**(IV Initial and Date) |
|       |       |       |       |
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| **Action Required** | **By whom** | **By when** | **Completed**(IV Initial and Date) |
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| IV Signature |       | Date |       |
| Assessor Signature |       | Date |       |