**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 |  |