

This paper outlines the parameters for the Internal Verification process for use during COVID 19 emergency across the five FET Service Spheres and includes modified IV templates to ensure CDETB is compliant with QQI COVID 19 requirements for IV.

Governing principles of CDETB IV during COVID 19 emergency

QQI defines internal verification (IV) as the *‘process by which the provider’s assessment policies and procedures are checked by the provider itself’*. During COVID 19 this process remains an extremely important step in assuring the quality of the CDETB offered awards and maintaining their value for our learners. In line with the guiding principles for the COVID 19 contingency strategy, changes will only to be made to IV where existing procedures are not possible to operate because of COVID 19 restrictions. FET centres should continue to operate their normal procedures where practicable while ensuring the following takes place.

1. **An Internal Verification(IV) reports must be produced for consideration at the RAP, verifying and confirming the following for every award;-**
 - that the provider’s assessment procedures have been applied across the range of assessment activities this includes confirming that the following were available: Copy of Component Specification/s, Validated Programme Module/s, Completed Provisional Results Sheet(s)/Report(s), Assessment Brief/s, Examination Paper/s, Marking Scheme/s, Outline Solution/s, Assessment Plan/s and Examination Timetable/s
 - that the assessment evidence presented matches the techniques in the component specification
 - Where assessment methodologies were changed to address COVID 19 restrictions, that there was appropriate approval given for any alterations made at module or award level
 - that assessment results are correct (this is done by checking learner evidence exists and marks and grades are recorded correctly)
 - that there is a portfolio of evidence for each learner and that result/s are recorded
2. All changes to assessment methodologies (e.g. replacement of exams with alternative assessments, alternative modules delivered etc) as a result of COVID 19 must be recorded in the IV report.
3. All documentation must be stored and circulated in line with GDPR and Data protection guidelines

To support FET centres in fulfilling the above criteria the following templates have been prepared for FET Centre use during COVID 19

1. **Record of the evidence** – this is an excel based template with accompanying instructional video to support teachers/tutors to keep a record of the evidence stored
2. **Internal Verification report for use in Adult Education Services**
3. **Internal Verification of Assessment Results/COVID 19 - TSS-6f-F01 for use by Training Centres and second providers**
4. **Internal Verification report for use in Youthreach**
5. **Sample IV report for use in Colleges of Further Education**

This document serves to support teachers to keep record of the evidence stored for learners for IV

This location cell can be completed by using the drop down menu or by printing and handwriting location of evidence for each piece of assessment

Teacher's Name	Mary Murray
Learner Group	Childcare L5
Major Award Title and Code	Early Childhood Care and Education 5M2009
Module Title and Code:	Communications 5N0690

Sample Input

Learner Surname	Learner First Name	Assessment 1	Location(s)	Assessment 2	Location(s)	Assessment 3	Location(s)	Assessment 4	Location(s)
Murray	Sinead	Structured report	LMS (eg Moodle	Communications Technology Essay	Moodle	Reading Task 1	LMS(Moodle)		N/A
		Other Documents	Moodle		Moodle	Reading Task 2	LMS(Moodle)		
Naughton	Louise	Structured Report	Office 365 OneDrive	Communications Technology Essay	Office 365 OneDrive	Reading Task 1	Evidence in Centre		
		Other Documents	Office 365 OneDrive			Reading Task 2	Evidence in Centre		

Please input student information below

[illegible]

IV report for Adult Education Services – COVID 19 [2021]

CDETБ Internal Verification Sampling Checklist

Tutor Name		Group Name	
Module Title		Module Code	
Sample No		Date	

Items to be checked	Available and Complete			Comments
	YES	NO	N/A	
Master portfolio present (for every tutor / module)				
All evidence as per module descriptor present				
Copies of assessment briefs present				
Appropriate Assessments methods applied				
QA Memo on Quality Assuring Assessment during Covid-19 Restrictions Is the relevant form completed and with all alternative assessment instruments confirming that the instrument was verified as being of the appropriate standard under centre quality assurance governance structures in accordance with CDETБ Policy and Procedure on Quality Assuring Alternative Assessments? See: Quality Team/EA Internal Verification Form for Alternative Assessment.				
Copies of marking schemes present				
Deadlines for submission of assessment evidence given to learners				
Verification of authorship signed by learners				
Submitted work signed by the learners				
Feedback given to learners				
Reasonable accommodation provided where applicable				
Copies of examinations present (where appropriate)				
Copies of outline solutions present (where appropriate)				
Marks totalled correctly (where appropriate)				
Grades awarded correctly				

Internal verifier(s)

Name: Signature:..... Date:.....

Name:Signature:..... Date:.....

CDET Internal Verification Report

Registered Provider/Centre Name:	
Registered Number:	

Total no of Portfolios for Assessment:	
Total no of learners for whom evidence was sampled	
Named award(s) for which results are being internally verified	

Date of internal verification:	
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Internal verifier(s): (names and signatures of staff member(s) carrying out the internal verification)	1. Name:	Signature:
	2. Name:	Signature:

Items to be checked	Available and Complete			Comments / actions already taken / action/s needed
	YES	NO	N/A	
Master portfolio present				
All evidence as per module descriptor present				
Copies of assessment briefs present				
Is the relevant form completed (QA Memo on Quality Assuring Assessment during Covid-19 Restrictions) • Quality Team/EA Internal Verification Form for Alternative Assessment.				
Copies of Marking Schemes present (level 4 and above)				
Deadlines for submission of assessment evidence given to learners				
Verification of authorship signed by learners				

Submitted work signed by the learners				
Feedback given to learners				
Reasonable accommodation provided where applicable				
Copies of examinations present				
Copies of outline solutions present				
Marks totalled correctly (level 4 and above)				
Grades awarded correctly (level 4 and above)				

I (we) confirm that the assessment procedures as agreed through this provider's quality assurance have been applied across all assessment activities for this award.

Tick as appropriate

Yes		No	
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<i>Comments / Actions / Points / Recommendations as appropriate</i>
<i>Actions Needed</i>

Internal verifier(s)

Name: Signature:..... Date:.....

Name:Signature:..... Date:.....

INTERNAL VERIFICATION OF ASSESSMENT RESULTS

(Results Approval Checklist)

- Personnel submitting assessment results for Results Approval meetings should submit the documentation using a lever arch folder, folder binder or other appropriate means to ensure documents are securely attached.
- When forms are being completed, where documents contain a list of learner's names, **the learner names must be recorded / listed in alphabetical order (by surname) and by module code in numerical code order**, consistently throughout all the documents.
- Assessors should use red pen when recording marks/grades awarded on assessment scripts.
- This checklist to be retained with the results pack.

The following checks to take place prior to External Authentication

Contractor Name:**Contract Number:****Course Code:****RCCRS F12 ID No:**

No.	QUESTION	1 st Check			Recheck*		Note any issues identified
		Yes	No	N/A	Yes	No	
	Documentation Checks						
1	Is the current version of TSS-6c-F12 Course Summary Assessment Sheet and Results Approval Form used (where F12 is not generated by RCCRS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Has the TSS-6c-F12 Course Summary Assessment Sheet and Results Approval Form been completed fully and accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Was the correct version of the assessment instruments used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Was the correct number of test packs returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Have all the assessment documents including model answers been returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are the Workplace Record Books returned for Traineeship Programmes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are all the tasks in the Workplace Record Books signed and dated by the Workplace Assessor and Learner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Have individual USB keys been securely retained as part of learner assessment evidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Where a CD/DVD has been submitted as part of the assessment evidence, is it an accurate copy of the learner's evidence that is retained on the USB keys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Is there evidence on the scripts to show that they have been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***Note: Only tick the specific line item in the recheck column when a recheck is required**

		1 st Check			Recheck*		
No.	QUESTION	Yes	No	N/A	Yes	No	Note any issues identified
11	Have the totals been added up correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Has the correct grade been applied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Is the overall result on the script?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	For Interim Standards major awards, where appropriate, has the correct grading criteria been applied as per the rule statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	For Common Awards, is the award requested in line with the SOLAS validated programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Assessment Instrument Specifications (AIS), are the results transferred/transcribed correctly throughout all documents? i.e. <ul style="list-style-type: none"> from the scripts to the Assessment Sheets from the Assessment Sheets to the Summary Assessment Sheets and from the Summary Assessment Sheets to the TSS-6c-F12 Are the assessment sheets and summary assessment sheet signed/dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Please list any changes made to assessments/exams in response to COVID 19						
18	QA Memo on Quality Assuring Assessment during Covid-19 Restrictions. Is the relevant form completed and with all alternative assessment instruments confirming that the instrument was verified as being of the appropriate standard under centre quality assurance governance structures in accordance with CDET B Policy and Procedure on Quality Assuring Alternative Assessments? See: Quality Team/EA Internal Verification Form for Alternative Assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Assessment Supervisor & Assessor Report						
19	Is there a signed & dated Assessment Supervisor Report for each event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Is there a signed & dated Assessor Report for each event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Is there a signed attendance sheet for each event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Was a Seating Plan returned, where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Where issues/non-conformances were identified/recommended in the report, were they logged on the TSS Issues Log/submitted as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

24	Were there any issues/recommendations made by the assessment supervisor/assessor for the attention of the Results Approval Panel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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***Note: Only tick the specific line item in the recheck column when a recheck is required**

		1 st Check			Recheck*		
No.	QUESTION	Yes	No	N/A	Yes	No	Note any issues identified
	Internal Verification						
25	Were these assessment events notified to the TSO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Were any of the assessment events selected and scheduled for - Internal verification on the Conduct of Assessment - Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Is the Internal Verification on the Conduct of Assessment / Peer Review report(s) included? (TSS-6d-F01/TSS-6e-F01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Was the report (s) completed fully and signed & dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Were any issues/non conformances identified/recommended in the report(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Were the issues/non conformances logged on the TSS Issues Log / submitted as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Rechecks/Reviews						
32	Were rechecks/reviews requested and what was the outcome of the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Results Approval Meeting						
33	Have any issues/recommendations been summarised for the Results Approval Panel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***Note: Only tick the specific line item in the recheck column when a recheck is required**

Second Provider/Contractor Declaration:

I confirm that all the supporting documentation relating to this results submission has undergone 100% Internal Verification of Results check, any anomalies identified have been addressed where appropriate.

Signed on behalf of Provider/Contractor by:		Print name	Position	Date
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For completion by Training Standards Office as required:

I confirm that all the supporting documentation is attached and has been checked for submission to the Results Approval Panel.

Signed by:		Print name	Date
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Colleges of Further Education - MODULE IV checklist for Teachers and Internal Verifiers 2021

Registered CDET B Centre:	CENTRE NAME
Registered Number:	00000000

Teacher Name: _____ Learner Group Ref: _____ Date: _____ Click or tap to enter a date.

Module & Code: _____ Number of Learners: _____ Number of Folders: _____

TEACHER TO COMPLETE THE FOLLOWING BLUE SECTION

PROVISIONAL RESULTS	MODULE DESCRIPTOR	ASSESSMENT BRIEFS	EXAMINATION PAPERS	EXAM & ASSESSMENT SOLUTIONS	*COVID 19 EXAM /SKILL CONVERTED TO ASSESSMENT	MARKING SCHEMES	FOLDERS/ PORTFOLIOS IN ALPHABETICAL ORDER
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ITEMS TO BE CHECKED BY both Teacher and Internal Verifier				TEACHER	SECTION TO BE COMPLETED BY INTERNAL VERIFIER		
Please confirm the following:					INTERNAL VERIFIER	COMMENTS ISSUES	
Does the number of learners entered for assessment match the provisional results sheet? <i>(Excluding withdrawn)</i>				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are marks assigned to every learner listed on the provisional results sheet/report? <i>(Excluding withdrawn)</i>				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If assignments have been integrated across modules – Is there a clear integration statement indicating this? <i>(teachers folder)</i>				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Exemptions: - Where a Learner is exempt from a module, is the exemption form included? <i>(check with centre QQI coordinator)</i>				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
* COVID 19 - Alternative Assessment						COVID 19 ASSESSMENT CONVERTED	
Please list any changes made to assessments/exams in response to COVID 19 IF YES TO ABOVE ▪ Is the relevant form completed and with all alternative assessment instruments confirming that the instrument was verified as being of the appropriate standard under centre quality assurance governance structures in accordance with CDET B Policy and Procedure on Quality Assuring Alternative Assessments? <i>(check with centre QQI coordinator)</i>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Teacher [TYPE NAME]: _____ Date: _____ Click or tap to enter a date.

ITEMS TO BE CHECKED BY THE MODULE'S INTERNAL VERIFIER RE: Sampled Learner evidence	SECTION TO BE COMPLETED BY INTERNAL VERIFIER	
	INTERNAL VERIFIER	COMMENTS ISSUES
Does each learner have a marking sheet and evidence? (COVID 19 – teacher may provide the Evidence Record Spreadsheet, to indicate the location of evidence)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are marking sheets totalled correctly?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Is there a declaration from the learner indicating that the work is their own? <i>(The Teacher can indicate to the best of their knowledge that the work has come from the learner and is of their authorship)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Module Internal Verifier [TYPE NAME]_____ Date: Click or tap to enter a date.

INTERNAL VERIFICATION REPORT - CDETБ [CFE CENTRE NAME]



Registered CDETБ Centre:	CENTRE NAME
Registered Number:	00000000
AWARD TITLE & CODE:	

IV Report for [LEARNER GROUP REFERENCE] [LEVEL] 2021 BY [NAME OF IV REPORT WRITER] checklist

LIST OF MODULES INSERT TITLES BELOW	MODULE CODE	IS THERE AN IV CHECKLIST COMPLETED FOR THIS MODULE?	LIST ANY COVID 19 CHANGES THAT HAVE TAKEN PLACE AT MODULE LEVEL (EG: ALTERNATIVE ASSESSMENTS, ONLINE EXAM ETC.)	WERE THESE CHANGES APPROVED AND DOCUMENTED THROUGH THE APPROPRIATE GOVERNANCE PROCESS?
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

- Did any changes take place at course level due to COVID 19 for example replacing modules? YES ☐ NO ☐
- If yes, were these changes approved and documented through the centre and CDETБ governance process? YES ☐ NO ☐
- Briefly, outline these approved changes.

DATE OF INTERNAL VERIFICATION	Date
NAME AND ROLE Staff member who completed internal verification report for above course and award	

TO BE COMPLETED BY PRINCIPALS / CO-ORDINATOR OF INTERNAL VERIFICATION PROCESS

Assessment processes and procedures	Verification of adherence to CDET [Name of Centre] assessment procedures. Commentary should be provided as appropriate.
How many portfolios were sampled?	
Assessment procedures <i>I (we) confirm that a consistent approach has been applied across this CDET Centre</i> <i>Tick as appropriate</i> <div>YES<input type="checkbox"/>NO<input type="checkbox"/></div>	Comment as appropriate (<i>If 'No' – identify issues arising and corrective action taken</i>)

Principal / Co-ordinator of Internal Verification Process

[TYPE NAME]:

Date Click or tap to enter a date.