

Assessor Name:		Assessor No:
Verifier Name:		Verifier number
Candidate name(s):		Candidate No(s):
Award/unit:	Date:	Location:

A: Did the assessor	yes	no	Comments
A1. Have facilities and resources required for assessment readily available and safe to use?			
A2. Carry out a risk assessment with candidate, agree, complete & sign document?			
A3. Check the candidate/s identity?			
A4. Check whether candidate had any special needs?			
A5. Brief the candidate clearly on assessment process?			
A6. Give clear instructions to the candidate during the assessment?			
A7. Discuss points in an encouraging style without leading the candidate?			
A8. Conduct the assessment unobtrusively?			
A9. Complete the Score sheets as the assessment progressed (Including notes for feedback) ?			
A10. Inform the candidate of the assessment decision?			
A11. Give the candidate clear evaluative feedback relating to the assessment?			
A12. Encourage the candidate to seek clarification and/or advice on the assessment decision?			
A13. Request a comment and signature from the candidate?			
A14. Complete any paperwork for the candidate to take away as necessary?			
B: Regarding demonstration of the Technical Understanding of the Unit(s), did the Assessor:			
B1. Correctly interpret the assessment criteria in the EFESC Standards?			
B2. Assess ALL of the relevant assessment criteria in the EFESC standards?			
B3. Ensure that the candidate's performance was consistent with the EFESC Standards?			
C: During the candidate support interview, was the candidate able to confirm that:			
C1. The assessor put the candidate at ease?			
C2. The assessor kept the candidate fully informed of what to do?			
C3. Candidate felt comfortable to check if he/she did not understand what he was being asked?			
C4. The assessment decision was explained fully to the candidate?			
			Candidate signature

Please complete every comments box. If any point not covered during verification, write 'not covered'

Assessor Name:	Date:
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Feedback discussed with Assessor:		
Pt.No:	Positive points - identify point number and comment:	
Pt.No:	Areas for development - identify point number and comment:	Action by (DATE):

Assessor comments

Assessor Statement: I agree with the content of this report and accept the Verifiers recommendations.

Assessor Signature:

Date:

Verifier signature:

Date:

Areas for Development Actioned:

Signed:

Date: