



**MINISTRY OF
EDUCATION**

Ministry of Education, Jamaica
Caribbean Vocational Qualification
Internal Verification Report

TERRITORY DETAILS	Territory		
	Institution Name		
	Institution Code		
	Contact Person		
PROGRAMME DETAILS	Qualification Title		
	Level		
	Start Date		
	Certification Date		
ASSESSORS DETAILS	Name		
	Number		
INTERNAL VERIFIER'S DETAILS	Name		
	Number		
ASSESSMENT SAMPLING PLAN (Internal Verifiers are required to sample a minimum of 5 candidates or 10 percent of the total number of candidates)	TOTAL NUMBER OF CANDIDATES		
	SAMPLE	Size	Names of Candidates
UNITS TO BE VERIFIED (please state all units by code and title)			
PERCENTAGE RELIABILITY (minimum reliability of 80%)			

No.	RECORDS SAMPLED	CRITERIA		STATUS REPORT		
				Use a tick (✓) to indicate		
				ACCEPTABLE	UNACCEPTABLE	N/A
1.	Assessment Records	Candidates Feedback	Constructive			
			Linked to performance criteria			
			Suggest actions for improving performance			
		Completion of Documents	Correct documents used			
			Signatures			
			Dates			
		Assessment Decisions	Accuracy of Information			
Clearly stated						
2.	Portfolio	Building Process	Developed in keeping with portfolio building plan			
			On track based on the training schedule			
			Documents are accessible			
			Pages are securely fastened			
		Portfolio Review	Title Page			
			Table of Contents			
			Sufficient to validate competencies (<i>more than one piece of evidence required</i>)			
			Industry attachment/field trips/work experience reports (<i>students and/or employers</i>)			
			Photographs (<i>relevant, dated, authenticated with descriptors and titles</i>)			
			Reflections			
			Peer Assessment			
			Self-Assessment			
			Written assignments/tests (<i>scored and corrected</i>)			

			Resumes/Personal Profile			
			Testimonials <i>(optional)</i>			
CORRECTIVE ACTIONS REQUIRED	PRACTISE					
	CAPACITY BUILDING					

SUMMARY OF FINDINGS

COMPLIANCE REPORT	COMMENTS/RECOMMENDATIONS
STANDARDS	
PROCEDURES	
RECORDS KEEPING	

ASSESSOR:

SIGNATURE

DATE

INTERNAL VERIFIER:

SIGNATURE

DATE

HEAD OF INSTITUTION:

SIGNATURE

DATE