

CTSI Qualification Framework Assessment Plan

Candidate Name

Candidate Number

Assessor

Verifier Name

Date of Initial Contact with Verifier:

Generic	<input type="checkbox"/>	OPTIONAL	
Weights & Measures	<input type="checkbox"/>	Feed	<input type="checkbox"/>
Investigations	<input type="checkbox"/>	Food	<input type="checkbox"/>
Regulating Markets	<input type="checkbox"/>	Product Safety	<input type="checkbox"/>

Proposed Methods of Assessment

Examination of product	<input type="checkbox"/>	Assessor Observation	<input type="checkbox"/>
Witness Observation	<input type="checkbox"/>	Candidate Questioning	<input type="checkbox"/>
Projects and Assignments	<input type="checkbox"/>	Witness Testimony	<input type="checkbox"/>
Prior Achievement/Learning	<input type="checkbox"/>		<input type="checkbox"/>

Date of initial meeting: _____

Target date for first formal assessment: _____

Target date for completion _____

Assessment Plan: *including dates, locations, and personnel required to perform specific tasks:*

Insert details below

Candidate Signature

Date:

Assessor Name:

Assessor Signature

Date:

Amendment Sheet

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

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11. _____

12. _____

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14. _____

15. _____