**qualifications**

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| --- | --- |
| **TSQF ASSESSMENT DOCUMENTATION** | ASSESSMENT PLAN |

Name of candidate        Candidate No:

Name of Assessor:

Core Skills  Legal Metrology  Animal Health

Higher Skills

*(HDCATS)*

Task reference: A  B  C  D  E  F

**Proposed methods of assessment**

|  |  |
| --- | --- |
| Examination of product (work-based evidence) |  |
| Assessor Observation |  |
| Witness Observation |  |
| Candidate Questioning |  |
| Projects and assignments |  |
| Witness Testimony |  |
| Prior achievement/ learning |  |

**Any variations from suggested task:** *(To be agreed with candidate, assessor and internal verifier*

Date of initial meeting:

Target date for first formal assessment:

Target date for completion and submission of evidence for this assessment:

Target date for completion of assessment of evidence and candidate feedback:

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

**This assessment plan is agreed**:

Candidate Name (Print):

Candidate Signature:

Date:

Assessor Name (Print)

Assessor Signature:

Date:

## ASSESSMENT DECISION

**Is the evidence:**

Valid

Authentic

Current

Reliable

Sufficient

I can confirm that the candidate has produced sufficient evidence, to demonstrate competence in all of the assessment criteria and knowledge and understanding, across the full range of the task(s) laid down and / or all required activities have been fully completed and evidenced in the portfolio.

Assessor Name (Print)

Assessor Signature:

Date:

I can confirm that I agree with the assessment decision:

Internal Verifier Name (Print)

Internal Verifier Signature:

Date:

**Amendments to Assessment Plan**

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| --- | --- | --- |
|  | **Date** | **Changes to Plan** |
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