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| BTEC First Combined Diploma/Certificate IT and Media **Assignment front sheet** |
| Learner name |  Assessor name |
|  |  |
| Date issued | Completion date | Submitted on |
|  |  |  |
| Qualification | Unit number and title |
|  |  |
|  |  |
| Assignment title |  |
| In this assessment you will have opportunities to provide evidence against the following criteria. Indicate the page numbers where the evidence can be found. |

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| Criteria reference | To achieve the criteria the evidence must show that the student is able to: |  | Task no. |  | Evidence |
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| Learner declaration |
| I certify that the work submitted for this assignment is my own and research sources are fully acknowledged.Learner signature: Date:  |

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| **Assignment brief** |
| Qualification  |  |
| Unit number and title |  |
| Start date |  |
| Deadline  |  |
| Assessor name |  |
|  |
| Assignment title |  |
| The purpose of this assignment is to:  |
| Scenario |
| Task 1  |
| Task 2 |
| Task 3 |
| Sources of information |

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| This brief has been verified as being fit for purpose |
| **Assessor** |  |
| **Signature** |  | Date |  |
| **Internal verifier** |  |
|  **Signature** |  | Date |  |

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| **Internal verification of assignment brief** |
| Qualification |  |
| Unit number and title |  |
| Assessor name |  |
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| Internal verifier checklist | Y/N\* | Comments |
| Are accurate programme details shown? | Y/N\* |  |
| Are accurate unit details shown? | Y/N\* |  |
| Are clear deadlines for assessment given? | Y/N\* |  |
| Is this assignment for whole or part of a unit? | W/P |  |
| Are the grading and assessment criteria to be addressed listed? | Y/N\* |  |
| Does each task show which criteria are being addressed? | Y/N\* |  |
| Are these criteria actually addressed by the tasks? | Y/N\* |  |
| Is it clear what evidence the learner needs to generate? | Y/N\* |  |
| Are the activities appropriate? | Y/N\* |  |
| Is there a scenario or vocational context? | Y/N\* |  |
| Are the language and presentation appropriate? | Y/N\* |  |
| Is the timescale for the assignment appropriate? | Y/N\* |  |
| Overall is the assignment fit for purpose? | Y/N\* |  |
| \* If “No” is recorded and the internal verifier recommends remedial action before the brief is issued, the assessor and the internal verifier should confirm that the action has been undertaken. |
| Internal verifier  |  |
| Signature |  | Date |  |
|  |  |  |  |
| Action required: |
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| Action taken: |
|  |
| Assessor |  |
| Signature |  | Date |  |
| Internal verifier |  |
| Signature |  | Date |  |

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| **Assessor's comments** |
| Qualification |  | Assessor name |  |
| Unit number and title |  | Learner name |  |
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| Grading criteria | Achieved? |
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| Learner feedback |
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| Assessor feedback |
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| Action plan |
|  |
| Assessor signature |  | Date |  |
| Learner signature |  | Date |  |

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| **Internal verification of assessment decisions** |
| Qualification |  |
| Unit number and title |  |
| Assessor name |  |

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| Assignment title |  |
| Learner name |  |
| Which criteria has the assessor awarded? | Pass  | Merit | Distinction |
| Do the criteria awarded match those targeted by the assignment brief? | Y/NDetails |
| Has the work been assessed accurately? | Y/NDetails |
| Is the feedback to the learner:* Constructive?
* Linked to relevant assessment and grading criteria?
* Identifying opportunities for improved performance?
 | Y/NDetails |
| Does the grading decision need amending? | Y/NDetails |
| Remedial action taken |  |
| Confirm action completed |  |
| Assessor name |  |
| Assessor signature |  | Date |  |
| Internal verifier name |  |
| Internal verifier signature |  | Date |  |

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| **Observation record** |
| **Learner name** |  |
|  |
| **Qualification** |  |
|  |
| **Unit number and title** |  |
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| **Description of activity undertaken (please be as specific as possible)** |
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| **Assessment and grading criteria** |
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|  |
| **How the activity meets the requirements of the assessment and grading criteria**  |
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| Assessor signature |  | Date |  |
|  |
|  Assessor name |  |  |  |

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| **Witness statement** |
| Learner name |  |
|  |  |
| Qualification |  |
|  |  |
| Unit number and title |  |
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| Description of activity undertaken (please be as specific as possible) |
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|  |
| Assessment and grading criteria |
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|  |
| How the activity meets the requirements of the assessment and grading criteria, including how and where the activity took place |
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| Witness name |  | Job role |  |
|  |  |  |  |
| Witness signature |  | Date |  |
|  |  |  |  |
|  |  |  |  |
| Assessor name |  |
|  |  |  |  |
| Assessor signature |  | Date |  |