

# HN and Advanced Qualifications Prior Verification Request and Evaluation Form.

## What this form is for:

This form is for centres who wish to provide SQA with information relating to assessment materials they have developed or modified, and as a result require review and approval prior to use. It is intended for assessment instruments and marking schemes that have not previously been externally verified. This is particularly recommended for new qualifications, such as HN Graded Units.

Further information and guidance is available in SQA's Guide to Assessment or within the HN Quality Assurance pages on the SQA website. Please refer to any subject specific or regulatory guidance published. Should you have any questions regarding the changes to the Prior Verification Service please contact [qvprior@sqa.org.uk](mailto:qvprior@sqa.org.uk).

The form is split into two sections:

### Section 1 – Prior Verification Request.

Centres will use this section when submitting their request for assessment materials to be verified

### Section 2 – Prior Verification Evaluation.

External Verifiers will use this section as a report on the assessment instruments and marking schemes.

## How to use this form.

- This Form should be **completed and submitted by SQA Coordinators only**.
- A separate Prior Verification Request Form must be submitted for each instrument of assessment for single unit submissions. (unless part of a Combined Assessment submission)
- For purposes of reassessment the Instrument of Assessment must differ significantly from the original
- The Unit specification/qualification requirements must be adhered to for centre devised Instruments of Assessment
- Please refer to any subject specific or regulatory guidance published
- This form is in Adobe and is to be completed electronically.
- Certain supporting documents must be submitted with this form.

## **When you have finished**

Once this form is complete, please email it to: [gvprior@sqa.org.uk](mailto:gvprior@sqa.org.uk) All of the details you complete in this form, as well as any supporting documents you send, will be treated as **private and confidential** by the SQA.

## **Disclaimer**

If the SQA find that any of the content has potential copyright issues, we will be unable to publish them on our secure site for sharing with other SQA approved centres.

## **Centre Comments**

Please provide any information relevant to your Prior Submission:

# Section 1 – Prior Verification Request

## 1.1 Sharing of Assessment Instruments

Please tick to confirm that your centre is happy for the assessment material provided to be shared with other SQA approved centres after its acceptance by SQA.

## 1.2 Centre Details

Centre Name

Centre Number

SQA Co-ordinator

Contact Tel. Number

Email Address

## 1.3 Previous Submission Details

Has this or any other assessment material previously been submitted for this Unit?

Yes

No

If No, Please progress to section 1.4

**Please detail the materials previously submitted, e.g. Outcome 1 & 2**

Previous Prior Reference No:

Submission Date:

## 1.4 Link to Qualification Verification Event

Is this assessment linked to the outcome of a non-compliant Qualification Verification Event?

Yes

No

If NO, please progress to 1.5

Please provide the Event ID for the Qualification Verification Event

Event ID:

Agreed Action Date:

## 1.5 SQA Approval

Are you already approved to offer this Unit?      Yes                      No

If no, are you currently seeking SQA approval?      Yes                      No

## 1.6 Assessment Type

Single Unit Assessment (Complete 1.7)

Combined Assessment (Complete 1.8)

## 1.7 Single Unit Submission Details

Unit Title (e.g. Administration)

Unit Code & Level (e.g. A1234 04)

Please specify all aspects of the unit included within this assessment which you have developed or modified (e.g. Outcome 1,2 & 3)

Estimated Start Date for Assessment of this unit?

## 1.8 Combined Assessment Submission Details

Please detail the unit codes and titles you wish to combine. This will allow us to direct your support request to the External Verifier most suited to your needs.

Unit Codes & Titles

Estimated start date of the combined assessment?

## 1.9 Supporting Documents

Please attach the following documents to this request:

### Document

### Filename

Instruments of Assessment (where applicable, assessment conditions must be described)

Sample Solutions (N/A for project based qualifications)

Marker Schemes (N/A for project based qualifications)

Internal Verification Reports

Other Documentation

Other Documentation

## 1.10 Other Centre Details (For Combined Assessments Only)

Yes No

Has the combined assessment been developed in collaboration with other centres?

If the submission for combined assessment has been developed in collaboration with other centres out-with your own please confirm and provide details.

Centre Name

Centre Number

Details

## 1.11 Declaration

I declare as a result of Internal Verification, I consider the assessment material presented to be fit for purpose and the information provided within this form to be accurate.

**Internal Verifier Name:**

**Date:**

**SQA Co-ordinator Name:**

**Date:**

## Section 2 – Prior Verification Evaluation

Unique Identification No:

### 2.1 Evaluation.

Please indicate the appropriate response to items 1-6 and complete each section, providing details of your evaluation.

1. Is the instrument of assessment appropriate to purpose?

2. Does it ensure adequate coverage of all outcomes of learning defined in the qualification?

3. Does it assess the learning in the context of tasks which arise naturally?

4. Does it facilitate the marking of reliable assessment decisions by all assessors for all candidates?

5. Does it produce evidence of candidates' performance which can be measured against specified outcomes and defined standards?

6. It is accessible to all candidates who are potentially able to achieve it (no unnecessary barriers/conforms to Equal opportunities guidelines)?

## Conclusions

Please confirm if the Assessment Instrument is Valid?

If you answer **No**, please ensure you have given clear advice and guidance to the centre on remediation.

## Confirmation

Verifier Name

Date

SQA Representative

Date

Decision