**ACCESS TO HE MODERATION SAMPLING RECORD**

Form to be used to record the names of learners and units sampled. The completed form should be attached to the relevant ACM3/4/5 report.

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| Moderator Name: | Centre Name: |
| Date of visit:  INITIAL/INTERIM/FINAL | Course/s: |

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| --- | --- | --- | --- | --- |
| Name of Student | Unit title / code | Have LO /AC been met for units or assessment tasks sampled? Yes/No | Are assessment decisions valid? Yes/No | Centre Moderator decision and comments on the quality of judgments. Are IV decisions accurate- state whether you agree with the IV. |
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| Summary advice and guidance and further comment | | | | |
| Examples of Good Practice | | | | |
| Moderator Signature: | | | | |