External Verification - Centre Feedback

01 ▸ **Introduction**

This form is for staff at Centres to provide feedback to SQA following a Verification event.

It provides you with the opportunity to comment on all aspects of the event, which in turn assists SQA to continually evaluate our procedures and identify any training needs for our External Verifiers (EVs).

Please note that your comments may be discussed with individual Verifiers

02 ▸ **Event Details**

Centre number [____]

Centre name [____]

Your name [____]

Your position [____]

External Verifier's Name [____]

Date of Event [____]

Verification group name [____]

Verification group number [____]

03 ▸ **Before the Event**

Did you, or your SQA co-ordinator, receive confirmation of the date and time that the event would take place?

◯ Yes in writing   ◯ Yes by telephone   ◯ No

How much notice of the event were you given?

◯ Less than 3 wks   ◯ 3 – 6 wks   ◯ more than 6 wks

Did the EV give you an External Verification Visit Plan with clear details of the candidate evidence you would be required to produce?

◯ Yes   ◯ No

Please rate your experience of the verification event planning phase:

◯ Very good   ◯ Good   ◯ Fair   ◯ Poor

Please detail your reasons for this rating and add any other comments

[____]

04 ▸ **During the Event**

In your opinion did the EV conduct the event in a professional manner?

   ◯   Yes   ◯   No

Did the EV answer your questions satisfactorily or offer to obtain a response to any questions that he/she could not answer?

   ◯   Yes   ◯   No   ◯   N/A

Did you obtain any positive feedback from the EV on the outcome of the visit?

   ◯   Yes   ◯   No

Were you clearly informed of any departure from SQA's assessment requirements?

   ◯   Yes   ◯   No   ◯   N/A

If there was any departure from SQA's assessment requirements were you clearly informed or them?

   ◯   Yes   ◯   No   ◯   N/A

Please rate your experience of the verification event:

   ◯   Very good   ◯   Good   ◯   Fair   ◯   Poor

Please detail your reasons for this rating and add any other comments

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05 ▸ **After the Event**

After the event when did you receive the EV report?

   ◯   Within 3 wks   ◯   Between 3 & 6 wks   ◯   After 6 wks

Was the report consistent with the feedback given to you during the event?

   ◯   Yes   ◯   No, please give details   ◯   N/A

If a hold was placed was any follow-up action suggested?

   ◯   Yes   ◯   No   ◯   N/A

Please rate your experience of the outcome of the verification event:

   ◯   Very good   ◯   Good   ◯   Fair   ◯   Poor

Please detail your reasons for this rating and add any other comments

Once this form is complete, please email it to qav@sqa.org.uk

For SQA use only

Use dd/mm/yyyy format

e.g., 22/05/2007

Date received [ ]

Form Recipients

Date to External Verifier [ ]   [ ] N/A

Date to Senior Verifier [ ]   [ ] N/A

Date to Quality Enhancement Manager [ ]   [ ] N/A

Date to Qualifications Manager [ ]   [ ] N/A