



## ETQA ASSESSOR REPORT

Note: **Each Assessor** to complete their own Assessor Reports (**for multiple assessors**)

### SECTION A

#### Skills Development Skills Development Provider:

Name of the Skills Development Skills Development Provider	
Accreditation Number	
Accreditation Scope	
Accreditation End Date	
Address	
Contact Person	
Telephone	
E-mail address	

#### Assessor Details:

Name of the Assessor	
INSETA Registration Number	
Scope with INSETA	
INSETA Registration End Date	
ID Number	
Telephone	
E-mail address	

#### Moderator Details:

Name of the Moderator	
INSETA Registration Number	
Scope with INSETA	
INSETA Registration End Date	
ID Number	
Telephone	
E-mail address	

**Employer** (Learnership and/or Inseta-Funded Skills Programmes Only):

<b>Name of the Employer</b>	
<b>SDL Number</b>	
<b>Contact Person</b>	
<b>Telephone</b>	
<b>E-mail address</b>	

**Learnerships/Qualification/Skills Programme Detail:**

<b>What training is being reported on</b>	<b>Learnership</b>		<b>Qualification</b>		<b>Skills Programme</b>	
<b>Learnership/Qualification/Skills Programme Name</b>						
<b>LGA Number / SP ID/Code / Bursary Code</b>						
<b>Learnership / Skills Programme Start Date</b>						
<b>Learnership / Skills Programme End Date</b>						

**Rules of Combination / Skills Programme Unit Standards offered:**

Note: These Rules of Combination must match the Programmes that have been created on the INSETA LMS.

<b>Core Unit Standards Nr's</b>	
<b>Fundamental Unit Standards Nr's</b>	
<b>Elective Unit Standards Nr's</b>	

**Learner Selection**

<b>Explain the process of how learners were selected prior to enrolment</b>				
<b>Was the Learners Selected in accordance with the Qualification Entry Requirements</b>	<b>YES</b>		<b>NO</b>	
<b>Does the Portfolios include the learners CV</b>	<b>YES</b>		<b>NO</b>	
<b>Does the Portfolio include the Learners ID and Achieved Qualifications / National Senior Certificate /Skills Programmes/ Statement of Results for previously achieved unit standards</b>	<b>YES</b>		<b>NO</b>	

**Learners with Special Needs**

<b>Was any special needs reported by any of the learners?</b>	<b>YES</b>		<b>NO</b>	
<b>Did the learner provide a medical practitioner document to proof the Special Need?</b> E.g. O.T. Report or Specialist Report	<b>YES</b>		<b>NO</b>	
<b>Were any other special needs identified in the any of the learners portfolios?</b>	<b>YES</b>		<b>NO</b>	
<b>If yes, what action or method of special assessment was undertaken to assist the learner?</b>				
<b>Learner Details and Special Need Identified</b>				

**SECTION B:**

Programme development and implementation

Indicate what is the competency/pass rate, as per the Skills Development Skills Development Provider's policy	Formative	%	Summative	%
Assessment Implementation	Yes/No	Comments on areas <u>not</u> meeting the Principles: (How, Where, What)		
Did the assessment process meet the Assessment Principles and NQF Principles				
Where the critical cross field outcomes, range statements, essential embedded knowledge and exit outcomes covered in the assessment tools?				
Was the Training Schedule followed as per the agreed timeframes?				
Does the Training Schedule meet the required notional hours?				
Did you ensure that the instructions to Learner/s were clear and unambiguous?				
Have there been any changes to the programme since the last Assessor Report? (i.e. structure, delivery or curricula)				
If yes, do these changes still enable the learning programme to meet the requirements of the Unit Standards / Qualification?				
List the different assessment methods used in this Skills Programme/Qualification				
Summarise how the learners were prepared for assessment				
How were the Learner/s provided with feedback?				
Was the Summative Assessment a Close-Book, Invigilated Assessment?				
In the event of E-Learning, was all requirements met to ensure authenticity, currency and validity				

Where all Learners provided with a Workplace Mentor? (if applicable)	YES		NO	
Was there any challenges / concerns with obtaining the logbooks? Please specify in detail.				
How many Logbooks were presented?				
How many of the Logbooks were Acceptable?				
Did you validate the Naturally Occurring Evidence from the Workplace presented in the Logbooks for Authenticity, Currency, Sufficiency and Validity?				
Does the Natural Occurring Evidence meet the Qualification Exit Level Outcomes?				
Did you provide the Moderator and SDP with a signed copy of the Assessor Report?				

PLAGIARISM				
Were there any fraudulent, irregularities or plagiaristic observations made?	YES		NO	
If yes,	Formative		Summative	
Explain the specific activity that took place				
What action was taken?				

APPEALS				
Were there any Appeals Received?	YES		NO	
If yes,	Formative		Summative	
What was the reasons for the appeal				
What action was taken?				

Names and ID number of Learner/s involved					
NLRD #	SURNAME	FIRST NAME	ID NUMBER	COMPANY	INTERVENTION

<b>Outcome</b>					

**SECTION C:**

Feedback on the specific group of learners assessed in preparation for the verification

LEARNER RECORDS				
<b>Number of Learner Portfolios Assessed</b>				
<b>Names of Learner/s who are deemed competent on <u>all</u> the Unit Standards in the Skills Programme/Qualification for which the learner was enrolled.</b>				
NLRD #	SURNAME	FIRST NAME	ID NUMBER	COMPANY
<b>When comparing the cohort above, which of the learners are the top 5 on this programme? Please provide specific details of the candidate's attainments with regards to research, management and leadership skills, etc.</b>				
NLRD #	SURNAME	FIRST NAME	ID NUMBER	Achievement

**Please note:** only learners that are terminated / **not** returning to the programme must also be listed on the NLRD.

In the event the learners are still in the process of achieving all the Unit Standards, they will need to be carried over to the relevant verification at that point.

<b>Names of Learner/s who are deemed competent on <u>some</u> of the Unit Standards in the Learnership (if Applicable) for which the learner was enrolled</b>					
NLRD #	SURNAME	FIRST NAME	ID NUMBER	COMPANY	INTERVENTION

**Names of Learner/s deemed not yet competent on all the Unit Standards in the Skills Programme/Qualification for which the learner was enrolled:**

NLRD #	SURNAME	FIRST NAME	ID NUMBER	COMPANY	INTERVENTION

**Were any Learner/s provided any remediation opportunities? Please provide details (including the criteria for, and method and outcome of remediation)**

**Learnership Terminations**

**Where there any Learner/s terminations (Provide names and ID numbers and attach the Termination Report)**

NLRD #	SURNAME	FIRST NAME	ID NUMBER	COMPANY	REASON FOR TERMINATING

**SECTION D:**

With regards to this specific cohort of learners, do you have any recommendations or improvement suggestions that the Skills Development Skills Development Provider, Moderator or INSETA needs to be aware of?

**RECOMMENDATIONS AND IMPROVEMENTS**

<b>Assessment Tools and Instruments</b>	
<b>Assessment Practice</b>	
<b>Learning Delivery</b>	
<b>General Comments</b>	



**SECTION E:**  
**ASSESSOR COMMENTS ON THE FACILITATOR**

**Please complete - In the event that the assessor is not the facilitator:**

Facilitator Overall Performance							
How do you rate the facilitator's overall performance:							
Poor		Average		Good		Excellent	
<b>Assessors Feedback</b>				<b>Comments/Recommendations</b>			
<b>Observations/recommendations w.r.t. facilitator comments</b>							
<b>What strengths does the facilitator have?</b>							
<b>What areas for development did you identify w.r.t. the facilitator?</b>							
<b>How did you provide feedback to the facilitator?</b>							

**SECTION F:**  
**SIGNATURES**

PARTY TO THE REPORT	Signature	Date
<b>Training Skills Development Provider CEO/Training Manager:</b>		
<b>Assessor:</b>		