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| **Validation Meeting Report** | | | |
| This Report should be completed by the RTO’s staff actively involved in an Assessment Validation event. This form should accurately record the documents reviewed and the findings of the Assessment Validation activity. Completed forms should be provided to the designated Staff member. | | | |
| **Date of Meeting:** | | **Validation team members present:** | |
| **Qualification:** | | **Unit/s Validated :** | |
| **Components of assessment to be validated** | √ | **Documents required within the Validation activity** | √ |
| * Assessment Process |  | * Relevant Training and Assessment Strategy |  |
| * Assessment Methods and Tools |  | * Relevant Assessment Instruments |  |
| * Assessment Evidence Review |  | * Random sample/s of completed assessment items |  |
| * Assessment Judgments |  | * Unit/s of Competency |  |
| * Assessment Reporting |  | * Assessment Mapping documents |  |
|  |  | * Rules of Evidence checklist |  |
|  |  | * Principles of Assessment Checklist |  |
|  |  | * Confidentiality and intellectual property agreement |  |
| **Assessment Process:** Describe any recommendations for the assessment process :  (E.g. Pre-assessment advice, post assessment advice etc.) | | | |
| **Assessment Methods and Tools:** Describe any recommendations for the assessment methods and tools:  (E.g. consider alternative assessment methods or tools.) | | | |
| **Assessment Evidences:** Describe any recommendations for alternative assessment evidences:  (E.g. review principles of assessment & rules of evidence.) | | | |
| **Assessment Judgments:** Describe any recommendations for adjustment to benchmarks (agreed competency decisions based on  sampled completed assessments) (E.g. were decisions too harsh or too lenient?)  (Make copies of sampled student assessments for post validation records) | | | |
| **Validation Activity Summary** | | | |
| This section should be signed by all parties involved in the Assessment Validation Event. | | | |
| **Signed: Relevant Qualification held:**    **Date:** | | | |
| **Signed: Relevant Qualification held:**    **Date:** | | | |
| **Signed: Relevant Qualification held:**  **Date:** | | | |
| **Independent Validator Name :**  **Signed:**  **Relevant Qualification held:**    **Date:** | | | |
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