**ASSESSMENT VALIDATION INSTRUMENT**

**Unit of Competency:**

**Assessment Instrument/s:**

**Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Questions** | **Circle** |
| Is the candidate provided with clear instructions? | Y / N |
| Is there a logical sequence of assessment questions/activities? | Y / N |
| Is the timeframe provided adequate to complete the assessment? | Y / N |
| Are all elements of competency assessed? | Y / N |
| Are there any anomalies, misleading information, omissions, and errors in the assessment instrument or other materials? | Y / N |
| Is feedback to students provided and documented? | Y / N |
| Are all documents version controlled? | Y / N |

|  |
| --- |
| **Recommendations** |
|  |