

**UNIT STANDARD 4098**  
**INTERN VERIFICATION – ASSIGNMENT 2 or 4**  
 Please attach this completed form to Assignment 2 or 4 before returning

This form is for the intern to provide feedback on the way the assessment was conducted, **not** on outcomes of assessment.

Please complete the following questionnaire after your assessment and give it to the assessor to be returned with all the other required documents. You may put this form in a sealed envelope before returning it to your assessor if you prefer.

**Before the Assessment my assessor:** Tick

1. Informed me in good time of the date, time and location of the assessment
2. Explained how the assessment would be carried out, and what would be covered
3. Checked that I understood what was required of me
4. Checked if I had any special needs (cultural/disability) and if so, took them into account in my assessment.
5. Explained what I could do if I disagreed with the assessment or procedure

**During the Assessment my assessor:**

6. Checked that it was my work that was assessed
7. Carried out the assessment as we had agreed
8. Gave me every chance to explain what I knew
9. Asked me fair questions
10. Dealt with any difficulties that arose

**After the Assessment my assessor:**

- Made a fair decision about my performance
- Told me what I did well
- Told me what I could do to improve my performance
- Helped me plan how I could learn the things I didn't know before my next assessment
- Recorded my result

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I verify that my assessor carried out the above checks during my assessment. I understand that I may be contacted to discuss any aspects of the above information.

**Intern's Signature:**

**Date:**

**Intern's Name (print)**

**UNIT STANDARD 4098**  
**INTERN VERIFICATION – APPRAISAL 1,2,or 3**  
 Please attach this completed form to the Appraisal before returning

This form is for the intern to provide feedback on the way the assessment was conducted, **not** on outcomes of assessment.

Please complete the following questionnaire after your assessment and give it to the assessor to be returned with all the other required documents. You may put this form in a sealed envelope before returning it to your assessor if you prefer.

**Before the Assessment my assessor:**

Tick

- |  |                          |
|--|--------------------------|
| 11. Informed me in good time of the date, time and location of the assessment                                    | <input type="checkbox"/> |
| 12. Explained how the assessment would be carried out, and what would be covered                                 | <input type="checkbox"/> |
| 13. Checked that I understood what was required of me  | <input type="checkbox"/> |
| 14. Checked if I had any special needs (cultural/disability) and if so, took them into account in my assessment. | <input type="checkbox"/> |
| 15. Explained what I could do if I disagreed with the assessment or procedure                                    | <input type="checkbox"/> |

**During the Assessment my assessor:**

- |   |                          |
|---|--------------------------|
| 16. Checked that it was my work that was assessed | <input type="checkbox"/> |
| 17. Carried out the assessment as we had agreed   | <input type="checkbox"/> |
| 18. Gave me every chance to explain what I knew   | <input type="checkbox"/> |
| 19. Asked me fair questions                       | <input type="checkbox"/> |
| 20. Dealt with any difficulties that arose        | <input type="checkbox"/> |

**After the Assessment my assessor:**

- |   |                          |
|---|--------------------------|
| Made a fair decision about my performance   | <input type="checkbox"/> |
| Told me what I did well   | <input type="checkbox"/> |
| Told me what I could do to improve my performance                                   | <input type="checkbox"/> |
| Helped me plan how I could learn the things I didn't know before my next assessment | <input type="checkbox"/> |
| Recorded my result  | <input type="checkbox"/> |

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I verify that my assessor carried out the above checks during my assessment. I understand that I may be contacted to discuss any aspects of the above information.

**Intern's Signature:**

**Date:**

**Intern's Name (print)**