



**cm<sup>e</sup>tb**

Bord Oideachais agus Oiliúna  
an Chabháin agus Mhuineacháin  
*Cavan and Monaghan  
Education and Training Board*



**QAES**

QUALITY ASSURANCE AND  
ENHANCEMENT SERVICE

# CMETB Guidelines and Procedures for Internal Verification of QQI programmes and modules

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## 1. Purpose

Internal Verification is one part of an authentication process which also includes External Authentication and Results Approval process. The culmination of all steps within the authentication process is to ensure fairness, consistency, transparency and validity of assessment and of the outcome of assessment i.e. learner results are confirmed across each component, major, special purpose, or supplemental award and results in line with the national standard.

## 2. Definitions

QQI defines Internal Verification (IV) as the “process by which the provider’s assessment policies and procedures are monitored by the provider itself” (Draft Quality Assuring Assessment Interim Guidelines for Providers, 2025<sup>1</sup>).

Cavan and Monaghan Education and Training Board (CMETB) IV Guidelines and Procedures document has been devised to assist and guide centres through the IV process.

This document will outline best practice of the IV processes across various forms of submission of assessment. This document provides sample templates to support and inform the implementation of the Quality Assuring Assessment of IV.

## 3. Scope

This procedure applies to all QQI further education and training programmes provided by CMETB campuses, centres or by third party organisations funded by CMETB to provide further education and training.

## 4. Guidelines and responsibilities

### 4.1 Role of the Internal Verifier

As per QQI Guidelines<sup>2</sup>, the role of the Internal Verifier is to systematically check that the provider’s assessment procedures have been consistently applied across assessment activities and to verify the accuracy of assessment results. In this context, the Internal Verifier must both verify the assessment procedures and verify the assessment results.

- check that the providers assessment procedures were adhered to
- monitor assessment results on a sample basis or as per service requirements
- produce an IV report

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<sup>1</sup> QQI Quality Assuring Assessment Interim Guidelines for Providers 2025 section 5.2 page 33 [quality-assuring-assessment-interim-guidelines-for-providers-2025.pdf](#)

<sup>2</sup> QQI Quality Assuring Assessment Interim Guidelines for Providers 2025 section 5.2 page 33-34 [quality-assuring-assessment-interim-guidelines-for-providers-2025.pdf](#)

## 4.2 The role of the Head of Centre/Service Manager

The Head of Centre/Service Manager, is responsible for the overall co-ordination of the IV process within their campus/centre. Their role is to:

- ensure that all staff recognise and understand the importance of the IV process
- ensure that staff are supported to understand and complete IV procedures set down by CMETB
- ensure that the campus/centre has an adequate number of staff supported to carry out the IV procedure when required
- recommend staff to participate in IV activity
- to organise a schedule of staff who will be allocated and committed to conducting effective IV for each assessment period
- ensure evidence is corrected and internally verified in a timely manner after delivery concludes. When a course is completed on a modular basis , the evidence must be corrected and internally verified after delivery of the module/course is finished
- ensure that the IV procedure is carried out independently of the assessor responsible for the assessment of a component and ensure that no assessor internally verifies their own work
- facilitate a communication mechanism within the centre/service to seek resolution of any identified issues before EA comes in

## 4.3 The role of the Quality Assurance and Enhancement Service

The role of the Quality Assurance and Enhancement Service is to:

- communicate and make available, the IV procedure and guidelines to all FET centres and services within the scope of the QQI assessment guidelines and procedures
- assist services with preparing new staff for IV processes
- communicate the IV procedures and guidelines to external authenticators appointed by CMETB before they begin the EA process (training services only)
- review reports for each centre/service prepared by EAs with a view to identifying issues or areas that need to be improved regarding the IV procedure carried out

# 5. Verification Procedures

## 5.1 Verification of Assessment Procedures

As per QQI's 2025 guidelines<sup>3</sup>. The Internal Verification process ensures that:

- the provider's assessment procedures are adhered to
- learning has been assessed using the techniques and instruments as indicated in the validated programme
- assessment results are documented and recorded as per the provider's procedures

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<sup>3</sup> QQI Quality Assuring Assessment Interim Guidelines for Providers 2025 section 5.2.2 page 34 [quality-assuring-assessment-interim-guidelines-for-providers-2025.pdf](#)

## 5.2 Verification of Assessment Results

QQI require <sup>4</sup>that a sample of assessment results are internally verified prior to being submitted for external authentication and results approval. Verification involves checking that assessment evidence is available for all learners presented and that results are recorded and grades are assigned according to the validated programme. This is achieved by applying systematic checks of the evidence presented by a sample of learners to ensure that:

- evidence is available for learners presented for an award
- evidence is generated in accordance with the validated programme or module
- assessment results are available for each learner
- that marks are totalled, and percentage marks are calculated correctly
- the percentage marks and grades awarded are consistent with QQI grading bands

## 6. Procedure

### 6.1 Required documentation

Ensure the following documents are available:

- copy of component specification(s)
- provider's validated programme
- assessment plan
- completed QQI learner marks sheet
- completed QQI authentication reports per module
- assessment brief(s) and examination paper(s)
- marking scheme(s)
- outline solution(s)

### 6.2 Sampling Basis

If centres/services are not operating from a 100% sampling basis<sup>5</sup>, the following table can be used as a guide for calculating sample size.

| <b>Cohort size per module by same tutor</b> | <b>Sample Size</b> |
|---|--------------------|
| <b>0-25</b>                                 | <b>5 (max 9)</b>   |
| <b>26-50</b>                                | <b>6 (max 10)</b>  |
| <b>51-75</b>                                | <b>7 (max 11)</b>  |
| <b>76+</b>                                  | <b>8 (max 12)</b>  |

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<sup>4</sup> QQI Quality Assuring Assessment Interim Guidelines for Providers 2025 section 5.2.3 page 34 [quality-assuring-assessment-interim-guidelines-for-providers-2025.pdf](#)

<sup>5</sup> At the time of publication of this policy, some CMETB services operate using a 100% sampling basis. This includes some programme categories of Training Services, YouthReach, Adult Education.

### 6.3 IV Pack

Each internal verifier will receive an IV Pack containing:

- relevant award specification and validated programme
- tutor packs (assessment briefs, exam papers, marking schemes, outline solutions, etc.)
- learner assessment portfolios with marking sheets
- QQI Authentication report
- IV report – to include guidelines and checklist

### 6.4 Verification Steps

For the selected sample, verify that:

- assessment procedures have been followed
- totals are checked and percentage marks and grades are correct
- results have been accurately transferred to the Authentication Reports
- evidence matches the assessment techniques in the component specification/validated programme.
- all work is signed by the learner, confirming authenticity
- learners received a brief outlining submission dates for evidence
- the internal verifier must indicate which portfolios were verified by ticking learner names on the Authentication Report
- all checklists and reports must be completed by relevant staff

### 6.5 What to do if errors are identified

- facilitate a communication mechanism within the centre/service to seek resolution before EA visit
- it is the responsibility of the IV and the tutor to extend the sample if concerns are expressed

### 6.6 Completing the Interval Verification report

- the internal verifier prepares an internal verification report
- the IV report should be reviewed, and assessors correct errors found before the external authenticator visits the campus/centre
- any errors and action taken to correct any errors are documented in the IV report so that the external authenticator is aware of the issue and can check that the error has been subsequently corrected
- the IV report is made available to the centre and the EA

## Appendix 1: QQI Internal Verification Report Template

This template is provided as a tool for providers. A provider may devise their own internal verification report. They must ensure the Process outline for internal verification is adhered to and verified in the report.

|   |  |
|---|--|
| <b>Registered Provider/Centre Name:</b>   |  |
| <b>Registered Number:</b>   |  |
| <b>Named award(s) and codes</b><br><br>Named award(s) for which results are being internally verified         |  |
| <b>Date of internal verification:</b>   |  |
| <b>Internal verifier(s):</b> (names and signatures of staff member(s) carrying out the internal verification) | <b>Name:</b><br>Signature:<br><br><b>Name:</b><br>Signature:<br><br><b>Name:</b><br>Signature: |

|  |  |   |  |  |
|--|--|---|--|--|
| <b>Assessment processes and procedures</b>   | <b>Verification</b> of adherence to provider's assessment procedures. Commentary should be provided as appropriate.  |   |  |  |
| <b>Assessment procedures</b><br><br>I (we) confirm that the assessment procedures as agreed through this provider's quality assurance have been applied across all assessment activities for this award. | <table border="1"> <tr> <td data-bbox="746 517 970 622"><b>Yes</b></td> <td data-bbox="970 517 1396 622"></td> </tr> </table>  | <b>Yes</b>  |  |  |
| <b>Yes</b>   |  |   |  |  |
|  | <table border="1"> <tr> <td data-bbox="746 622 970 705"><b>No</b></td> <td data-bbox="970 622 1396 705"></td> </tr> </table>   | <b>No</b>   |  |  |
| <b>No</b>  |  |   |  |  |
|  | <table border="1"> <tr> <td data-bbox="746 705 970 996"><b>Comments/<br/>action points<br/>as appropriate</b></td> <td data-bbox="970 705 1396 996"></td> </tr> </table> | <b>Comments/<br/>action points<br/>as appropriate</b> |  |  |
| <b>Comments/<br/>action points<br/>as appropriate</b>  |  |   |  |  |

Internal verifier(s)

Name: .....

Signature: .....

Date: .....

## Appendix 2: QQI Monitoring of assessment results template

### Monitoring of assessment results template

**Number of assessors for whom assessment results were sampled:**

**Number of learners in the sample:**

| Please complete for each named award/group of assessment results verified | Is the documentation available and completed correctly, e.g. mark sheets, learner records? |    | Is sufficient and reliable assessment evidence available for all learners presented? |    | Was evidence generated in accordance with the validated programme? |    | Have marks been correctly totalled and grades awarded in line with QQI requirements? |    | Comments/action points (if 'No' please identify issues/make recommendations) |
|---|--|----|--|----|--|----|--|----|--|
|   | Yes  | No | Yes  | No | Yes  | No | Yes  | No |  |
| Named award title   |  |    |  |    |  |    |  |    |  |
|   |  |    |  |    |  |    |  |    |  |
|   |  |    |  |    |  |    |  |    |  |
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|   |  |    |  |    |  |    |  |    |  |
|   |  |    |  |    |  |    |  |    |  |
|   |  |    |  |    |  |    |  |    |  |

**Internal verifier:**

**Name:**

**Signature:**

**Date:**