

## Moving On Moderators Feedback Sheet

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Moderator Name:

Date of moderation meeting:

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Centre Contact: .....

Centre: .....

School Address: .....

Post Code: ..... Tel No: .....

No. Students entered:

No. of Portfolios viewed:

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### How well did the evidence submitted for moderation:

1. Clearly indicate the specific student behaviour that took place?

Very well       Quite well       Satisfactorily       Needs to be resubmitted

2. Indicate the range of activities that took place within the unit area or in the case of key skills the range of learning that took place across the subject areas?

Very well       Quite well       Satisfactorily       Needs to be resubmitted

3. Reflect the language of the expected learning outcomes?

Very well       Quite well       Satisfactorily       Needs to be resubmitted

4. Indicate the level of support required to achieve with physical intervention, with some form of formal communication system of intervention and without adult intervention?

Very well       Quite well       Satisfactorily       Needs to be resubmitted

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### Further Comments and Future Advice

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Signature of Moderator: ..... Date: .....