

ASSESSOR MONITORING FORM

Name of Assessor being Monitored: Role:
(TA, LA, etc.)

Name of Monitor: Role:
(AB Staff, LA)

Date(s) of Monitoring: Name of CAB:

Activity being Monitored: ☐ Initial Assessment ☐ Re Assessment ☐ Surveillance
☐ Adequacy Audit

Rating for all applicable Criteria

No.	Criteria	Yes	No
For all Assessors			
1	Knowledge of accreditation processes		
2	Knowledge of assessment processes		
3	Knowledge of accreditation requirements		
4	Knowledge of technical requirements		
5	Knowledge of test methods from scope		
6	Oral communication technique		
7	Information collecting technique		
8	Punctuality		
9	Willingness to work with team and CAB staff		
For TLAs and LAs Only			
10	Leadership and support to the team		
11	Quality of written report		
12	Assessor report and findings		

Other Comments

.....
.....
.....

Signature of Monitor:

AB Staff / Manager Comments / Action

.....
.....

AB Staff Recommendation: ☐ Probation ☐ Continue in current Grade ☐ Recommend for LA

Signature (Manager):