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**TOOL FOR ASSESSING CURRICULUM**

**FORM NO. KNQA/CURR/ASS/001**

1. Name and Phone of Contact Person

Name ……………………………………………………………… Phone ………………………………………………………..

2. Date …………………………………………………………………………………………………………………………………..

3. Name of Agency submitting Qualification …………………………………………………………………………

4. Name of Qualification ………………………………………………………………………………………………….......

5. Level of Qualification …………………………………………………………………………………………………………

6. Total No. of Credits ……………………………………………………………………………………………………………

7. Name of Curriculum Developer ………………………………………………………………………………………….

8. Summary of learning outcomes ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

9. Description of major course units (that make up the Qualification)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No.** | **Unit course** | **Unit name** | **No. of Credits** | **Year** | **Sem** |
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|  | Total |  |  |  |  |

10. Assessment of curriculum (if it meets the volume of learning for the level i.e. credits, notional hours or period of study) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...........

11. Entry requirements (assessment if it meets requirements for the target level ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

12. Compliance with level descriptors for that level (see KNQA level descriptors, purpose, knowledge, skills and competence) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

13. Is the institution registered by KNQA (provide information) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….....

14. Recommendations: (if the program meets requirements for registration into the KNQF) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

15. Name of Assessor …………………………………………………………………………………………………………….

Signature …………………………………………………………………………………………………………………………

Date ………………………………………………………………………………………………………………………...........