



SPEEDLINK INSTITUTE OF TECHNOLOGY AND INNOVATIONS (SITI)

Policy and Procedure: Internal Quality Assurance (IQA)

Policy Number: SITI-QA-IQA-001

Version: 1.0

Effective Date: 1st, February 2026

Approved By: SITI Board of Directors

1. Purpose

To establish a formal, systematic, and continuous process for assuring and improving the quality of all SITI activities, including:

- Training delivery (tutor performance, curriculum relevance, assessment standards).
- Student support services (onboarding, LMS, events, certification).
- Administrative processes (record-keeping, compliance, reporting).
- Partner and stakeholder satisfaction (corporate clients, donors, EC-Council).

This policy ensures that SITI consistently meets its mission of delivering high-quality, industry-aligned IT training and maintains its reputation as a leading institute in Nigeria and beyond.

2. Scope

This policy applies to:

- All training pathways: Individual, Corporate, Partner/Donor-supported, NYSC, SIWES.
- All departments: Training, Technical, Marketing, Admin, Events (including LOCs for Graduation Week, Motivate & Connect, CSR).
- All personnel: Tutors, Training Coordinator, Technical Team, Admin Staff, Marketing Team, Project Managers, Ushers, Janitors, Protocol.
- All processes documented in the main SOP and supplementary policies (Appeal, Complaints, Malpractice, RPL, Assessment, etc.).
- All physical and digital assets used in training (LMS, venues, equipment, materials).

3. Definitions

Term	Definition
Internal Quality Assurance (IQA)	The systematic processes SITI uses to monitor, evaluate, and improve the quality of its provision before, during, and after delivery.

Quality Cycle	The iterative loop of Plan → Do → Check → Act (PDCA) applied to all SITI activities.
Quality Indicator	A measurable metric used to assess performance (e.g., student satisfaction score, pass rate, tutor evaluation rating).
IQA Coordinator	The person (typically the Training Coordinator) responsible for implementing this policy.
Internal Audit	A formal, documented review of a specific process or department against SITI's SOPs and quality standards.
External Verification	Quality review by an external body (e.g., EC-Council, partner organisation, corporate client).
Continuous Professional Development (CPD)	Ongoing learning and skills improvement for SITI staff and tutors.
Action Plan	A documented set of corrective actions arising from an audit or review, with responsibilities and deadlines.

4. Quality Assurance Framework

SITI adopts the Plan-Do-Check-Act (PDCA) cycle as its core quality framework:

Phase	Description	SITI Example
Plan	Define objectives, processes, and success criteria.	Academic calendar (Section 4.1.1), Assessment Plan (Assessment Procedure Section 7.1).

Do	Execute as planned.	Lecture delivery (Section 4.3), event execution (Section 4.5).
Check	Monitor and evaluate against criteria.	Tutor evaluations (Section 4.3.2), moderation (Assessment Procedure Section 8), complaints analysis.
Act	Take corrective and preventive action.	Support plans for underperforming students/tutors (Section 4.3.2), SOP revisions (Section 5.3).

5. Policy Statement

SITI is committed to:

1. Meeting or exceeding the quality expectations of students, employers, partners, and regulators.
2. Continuously improving all aspects of training and support through evidence-based decision-making.
3. Ensuring consistency across multiple tutors, cohorts, and delivery modes.
4. Maintaining compliance with EC-Council and other certification body requirements.
5. Promoting a culture of quality where every staff member and tutor takes responsibility for excellence.

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6. Quality Assurance Activities

6.1 Pre-Delivery Quality Assurance (Before Training Commences)

Activity	Responsible	Frequency	Output
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Curriculum review	Training Coordinator + Tutors	Per program (at least 60 days before start)	Updated syllabus, learning outcomes mapped to industry standards.
Tutor qualification check	Training Coordinator	Per engagement	Verified CV, certifications, teaching demo.
LMS content readiness	Technical Team	14 days before start	All modules uploaded, access tested.
Venue and equipment inspection	Technical Team + Admin	7 days before start	Report on AV, seating, power backup, cleanliness.
Student onboarding audit	Admin	Per cohort (during orientation week)	100% of enrolled students have complete files and LMS access.

6.2 During-Delivery Quality Assurance (While Training is Active)

Activity	Responsible	Frequency	Output
Tutor observation	Training Coordinator or senior tutor	Each tutor at least twice per program	Observation report with feedback and action items.
Student tutor evaluation	Students (anonymous)	Monthly (per Section 4.3.2 of main SOP)	Aggregate scores (1-5 scale) on clarity, responsiveness, expertise.

Attendance monitoring	Tutor + Admin	Weekly	Report of students below 75% attendance; trigger support.
Assessment moderation	Training Coordinator + second tutor	After each major assessment (mid-term, final, BDP)	Moderation report; grade adjustments if needed.
LMS performance check	Technical Team	Weekly	Uptime report, upload timeliness (within 48 hours per Section 4.3.1).
Student progress review	Training Coordinator	Monthly (per Section 4.3.2)	List of at-risk students; support plans issued.

6.3 Post-Delivery Quality Assurance (After Training Ends)

Activity	Responsible	Frequency	Output
End-of-program student survey	Training Coordinator	After each cohort	Satisfaction scores, open-ended feedback.
Graduate outcomes tracking	Training Coordinator + Marketing	3 and 6 months post-graduation	Employment rate, further education, entrepreneurship starts.
Employer satisfaction survey (for Corporate Training)	Training Coordinator	Within 30 days of program end	Feedback on relevance, skill gains, ROI.

Certificate verification audit	Admin + Technical	Quarterly	100% of certificates issued are correctly recorded in portal.
Post-mortem meeting	Training Coordinator + all departments	Within 14 days of graduation week	Lessons learned, action items for next cohort.

6.4 Internal Audits

Internal audits are comprehensive, cross-departmental reviews conducted twice per year (before the biannual SOP review).

Audit scope: Each audit covers at least three of the following areas (rotating):

- Student onboarding and records (Section 4.2).
- Lecture delivery and LMS compliance (Section 4.3).
- Assessment and grading (Assessment Procedure).
- Events management (Induction, Motivate & Connect, Graduation Week – Sections 4.4-4.7).
- Complaint and appeal handling (Complaints Procedure, Appeal Procedure).
- Malpractice and maladministration reporting (Malpractice Policy).

Audit process:

Step	Action	Timeline
1	Training Coordinator appoints an Internal Auditor (could be a senior staff member not directly responsible for the area being audited, or an external consultant).	30 days before audit.

2	Auditor issues audit checklist and requests documents.	14 days before audit.
3	Auditor conducts document review and interviews.	5 working days.
4	Auditor drafts report with findings (compliant, partially compliant, non-compliant) and recommendations.	10 working days after audit.
5	Training Coordinator reviews report and drafts an Action Plan (who does what by when).	5 working days.
6	Action Plan presented to Board in monthly report.	Next Board meeting.
7	Follow-up audit on corrective actions.	Within 60 days of action plan.

7. Quality Indicators and Targets

SITI tracks the following key quality indicators (KQIs). Targets are reviewed annually.

Indicator	Target	Measurement Method
Student satisfaction (overall)	≥ 85% rating “good” or “excellent”	End-of-program survey.
Tutor evaluation score (average across all tutors)	≥ 4.0 out of 5.0	Monthly tutor evaluation forms.

Module completion rate (students who complete $\geq 80\%$ of assessments)	$\geq 90\%$	LMS analysis.	gradebook
Pass rate (students achieving certificate)	$\geq 80\%$	Final grade records.	
Attendance rate (average across cohort)	$\geq 80\%$	Weekly logs.	attendance
LMS content upload timeliness (within 48 hours of lecture)	100%	Technical Team logs.	
Certificate issuance within 72 hours (post-graduation)	100%	Admin records.	
Complaint resolution within 25 working days (Level 1)	$\geq 90\%$	Complaints log.	Procedure
Graduate employment or further training (within 6 months)	$\geq 70\%$	Graduate survey.	outcomes

If any indicator falls below target for two consecutive cohorts, the Training Coordinator must initiate a special quality review and report to the Board with a corrective action plan.

8. Roles and Responsibilities in IQA

Role	IQA Responsibilities
Board of Directors	Approves IQA policy; reviews quarterly quality reports; allocates resources for improvements.

Training Coordinator (IQA Coordinator)	Implements this policy; conducts observations, moderation, and audits; reports quality metrics to Board; initiates corrective actions.
Tutors	Participate in moderation and calibration; accept observation feedback; submit marks and progress reports on time; complete CPD as required.
Technical Team	Maintain LMS quality (uptime, upload timeliness); provide data for quality reports; implement technical improvements.
Admin Staff	Ensure accurate student records; issue certificates correctly; support survey distribution.
Marketing Team	Collect graduate outcomes data; communicate quality improvements to stakeholders.
All staff	Report quality concerns (via Complaints Procedure or directly to Training Coordinator).

9. Continuous Professional Development (CPD)

To maintain and improve quality, SITI requires:

- Tutors: Complete at least 20 hours of CPD per year (e.g., industry certifications, teaching workshops, conference attendance). Records kept by Training Coordinator.
- Training Coordinator: Complete at least 30 hours of CPD per year (quality management, leadership, industry trends).
- Technical Team: Complete at least 15 hours of technical CPD per year (LMS administration, AV, cybersecurity).

CPD activities may be internal (SITI-organised webinars) or external (paid courses, vendor certifications). SITI may subsidise relevant CPD.

10. Complaints, Appeals, and Malpractice as Quality Inputs

Quality assurance is not just about metrics – it also uses data from:

- Student complaints (Complaints Procedure) – to identify service failures.
- Student appeals (Appeal Procedure) – to identify assessment inconsistencies.
- Malpractice reports (Malpractice Policy) – to identify integrity breaches or process weaknesses.

The Training Coordinator analyses these sources quarterly and includes findings in the quality report. Recurring issues trigger a process audit.

11. External Quality Assurance

11.1 EC-Council (ATC Requirements)

As an EC-Council Accredited Training Center, SITI must:

- Maintain pass rates and tutor qualifications per EC-Council standards.
- Submit to annual external verification (audit) by EC-Council.
- Implement any corrective actions arising from EC-Council audits within specified deadlines.
- Display EC-Council logo and certificates correctly.

The Training Coordinator is responsible for EC-Council compliance. Any EC-Council audit report is shared with the Board and used to update the IQA plan.

11.2 Corporate Clients and Partners

For Corporate Training programs (Section 4.8 of main SOP), SITI will:

- Agree on quality KPIs with the client before contract signing.
- Provide post-training evaluation reports.
- Offer a client satisfaction survey within 30 days of program end.
- Address any client complaints through the Complaints Procedure (escalated to Board if needed).

11.3 Donors and Partners (Community Programs)

For donor-supported initiatives, SITl will comply with any specific quality or reporting requirements in the funding agreement. The Training Coordinator ensures that impact reports (e.g., CSR activity post-event reports per Section 4.6.2 of main SOP) meet donor standards.

12. Documentation and Records

Record	Responsible	Retention
Tutor observation reports	Training Coordinator	3 years
Moderation reports	Training Coordinator	5 years
Internal audit reports and action plans	Training Coordinator	5 years
Quality indicator dashboard (monthly)	Training Coordinator	5 years
CPD records (tutors and staff)	Training Coordinator	Duration of engagement + 2 years
End-of-program surveys (anonymised aggregate)	Training Coordinator	5 years

All IQA records are stored securely (cloud and local backup) and are accessible to the Board upon request.

13. Reporting

The Training Coordinator includes the following quality section in the monthly report to the Board (per Section 5.2 of main SOP):

- Summary of quality indicators (actual vs target).
- Number of tutor observations completed and any follow-up.
- Moderation findings (any grade adjustments, consistency issues).
- Internal audit status (if applicable that month).

- Complaints and appeals summary (as already required).
- CPD compliance (percentage of tutors meeting CPD targets).
- Corrective actions taken and planned.
- EC-Council or external partner updates (if any).

An annual quality report is produced each December, summarising performance over the year and setting quality objectives for the next year. The annual report is shared with all staff and made available to students on request.

14. Continuous Improvement Cycle

SITI follows this annual quality cycle:

Quarter	Activity
Q1 (Jan–Mar)	Review previous year’s quality report; set annual quality objectives; conduct first internal audit (focus: admissions, onboarding, orientation).
Q2 (Apr–Jun)	Mid-year quality review; conduct tutor observations and moderation for Q1 cohorts; second internal audit (focus: assessment, LMS, events).
Q3 (Jul–Sep)	Prepare for EC-Council external verification (if scheduled); conduct third internal audit (focus: complaints, appeals, malpractice).
Q4 (Oct–Dec)	Annual quality report; biannual SOP review (Section 5.3 of main SOP); set CPD plan for next year; fourth internal audit (focus: graduate outcomes, employer satisfaction).

15. Related Documents and Policies

- SITI Comprehensive SOP (Version 2.0, April 2026) – particularly Sections 4.3.2 (performance monitoring), 5.2 (reporting), 5.3 (biannual review).
- SITI Assessment Procedure
- SITI Complaints Procedure

- SITI Appeal Procedure
- SITI Malpractice and Maladministration Policy
- SITI Equal Opportunity and Diversity Policy
- EC-Council ATC Quality Assurance Handbook (as applicable)

16. Policy Review

This Internal Quality Assurance Policy will be reviewed annually (every 12 months) or more frequently if required by EC-Council, a significant quality failure, or a change in SITI's strategic objectives. The review will involve input from tutors, staff, and student representatives.

Appendix A: Tutor Observation Form

Tutor Name

Module

Date of Observation

Observer (Training Coordinator or senior tutor)

Criteria

Rating (1-5)

Comments

1. Clarity of learning objectives

2. Knowledge of subject matter

3. Engagement of students

4. Use of examples and practical demonstrations

5. Pacing and time management

6. Responsiveness to student questions

7. Use of LMS / visual aids

8. Adherence to SITl curriculum and values

Overall rating: Excellent (4.5–5) Good (3.5–4.4) Satisfactory (2.5–3.4) Needs improvement (<2.5)

Observer’s narrative feedback (strengths and areas for improvement):

Action agreed with tutor:

Tutor signature: _____ Date: _____

Observer signature: _____ Date: _____

Appendix B: Internal Audit Checklist (Sample Extract – Student Onboarding)

Requirement (from SOP)	Compliant? (Y/N/Partial)	Evidence	Notes
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Completed enrollment form for each student (Section 4.2.1)

Valid government ID verified (Section 4.2.1)

LMS credentials issued and active (Section 4.2.1)

Student master file
with cloud backup
(Section 4.2.1)

Orientation
attendance recorded
(Section 4.2.2)

Scholarship laptop
disbursed before
training (if applicable)
(Section 4.2.3)

Auditor: _____ Date: _____

Finding summary: (list non-compliances)

Recommendations:



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