**Functional Skills**

**Speaking, Listening and Communication**

**Assessment Internal Verification Panel Form**

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| --- | --- |
| **Date of Meeting:** |  |
| **Location of the meeting:** |  |
|  |  |
| **Cohorts covered by the panel:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Agenda** | **Notes** | **Actions**  |
|  | **Present:*****(As a minimum all assessors and Internal Verifier)*** |  |  |
|  | **Apologies:** |  |  |
|  | **Matters arising from previous panel:*****(where applicable)*** |  |  |
|  | **Review and confirmation of results:*****The panel should consider:***1. ***Have the mark schemes and standards been consistently applied?***
2. ***Results in comparison to predicted learner performance***
3. ***Observation reports***
4. ***Application of standard in comparison with previous cohorts (where applicable)***

**Decisions must be made in accordance with the Speaking, Listening and Communication Assessment specification.** |  |  |
|  | **Any other business:** |  |  |

**Present (add addition rows if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| (Internal Verifier) |  |  |  |  |
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