# Entry Level Functional Skills

# Internal Verification Form

Complete **ONE** Internal Verification Report Form for each Entry level Functional Skills and each level.

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| **Centre Details** |
| **Centre Name** |  |
| **Centre Number** |  |
| **Lead Internal Verifier / Programme Leader** |  |
| **Assessor** |  |

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| **Unit**  |
|  |
| **Level** |
|  |
| **Date of Sample** |
|  |
| **Sample Size** |
|  |
| **List of learners sampled** | **IV name** |
|  |  |
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| **Areas of Good Practice** |
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| **Action Points** |
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**Overview of Evidence**

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| **Overall Outcomes** |
| **Are all the assessment records present and completed?** |  |
| **Comment** |
|  |
| **Assessment decisions are accurate?** |  |
| **Comment** |
|  |
| **Additional comments on assessment**  |
|  |
| **The evidence sampled has been accurately assessed to national standards** | IV signature: |

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| **Declaration** |
| **I confirm that the internal verification and standardisation of Entry Level Functional Skills have been managed to the standards required to maintain the integrity of the qualifications. I confirm that I have witnessed the evidence to support this declaration and that records will be retained to provide an audit trail.** |

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| **Lead Internal Verifier**  | **Date** |
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