##

## Pre-delivery Meeting Form

Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of assessor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of internal verifier(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Documents and points for discussion | DiscussedYes/No/N/A | Comments/action points (by whom, by when) | Action completed (initial and date) |
| --- | --- | --- | --- |
| Unit specification(s) |  |  |  |
| * SQA assessment exemplars
* Marking schemes/guidance Candidate assessment records
* Conditions for assessment
* Re-assessment
* Internally verified
 |  |  |  |
| Or |  |  |  |
| Centre-devised assessments* Marking schemes/guidance
* Candidate assessment records
* Conditions for assessment
* Re-assessment
* Internally verified
* Sent to SQA for prior verification
 |  |  |  |
| External verification feedback from previous session |  |  |  |
| Resources and equipment required for assessment |  |  |  |
| Accessibility — any barriers to assessment |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other understanding standards activities undertaken | Discussed Yes/No/ N/A | Comments/action points (by whom, by when) | Action completed (initial and date) |
| CPD events |  |  |  |
| Network with other delivery centres |  |  |  |
| Other |  |  |  |

|  |
| --- |
| Internal verification sampling criteria/plan |
|  |
| Internal verification planned activities  |
| Sampling dates |  |
| Meeting dates |  |

*Copied to all assessors and internal verifiers*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Internal verifier)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_