

Functional Skills English Entry 3 assessment



www.cityandguilds.com

August 2017

Version 2.1

**Speaking, listening and communication
Assessment record sheet**

Entry 3 Speaking, listening & communication Assessment Record – sheet 1

Formal discussion

Group discussion One to one (please tick as applicable)

Details of group _____

Topic of discussion _____ Length of discussion _____

Candidate's Name _____ Enrolment number _____

Date of assessment _____ Centre Name _____

A tick in the box indicates that the assessor has confirmed that the candidate has adequately demonstrated the criterion. The assessor should write down examples that the candidate has used to demonstrate the skill.

| Confirm that the candidate: | Tick box | Overall comments and quotes to show how candidate met the criteria: |
|--|--------------------------|---|
| Follows the main points of discussion | <input type="checkbox"/> | Comment not required ✓ only. |
| Uses techniques to clarify and confirm understanding of others' contributions (eg asking questions, repetition, body language/gestures, nodding, thanking) | <input type="checkbox"/> | Please add comment regarding techniques used and insert quote from candidate. |
| Own point of view expressed clearly | <input type="checkbox"/> | Insert quote from candidate. |
| Responds appropriately to others' points of view and input | <input type="checkbox"/> | Insert quote from candidate. |
| Uses appropriate language in formal discussions / exchanges | <input type="checkbox"/> | Comment not expected ✓ only. |
| Makes contributions relevant to the discussion | <input type="checkbox"/> | Comment not expected ✓ only. |

Tick any that may apply:

| | | | |
|--------------------------------|--------------------------|--|--------------------------|
| Maintained eye contact | <input type="checkbox"/> | Listened to other contributions | <input type="checkbox"/> |
| Used appropriate body language | <input type="checkbox"/> | Asked questions | <input type="checkbox"/> |
| Used appropriate gestures | <input type="checkbox"/> | Answered questions | <input type="checkbox"/> |
| Appropriate facial expressions | <input type="checkbox"/> | Asked for clarification / questions to be repeated | <input type="checkbox"/> |

| | | |
|--|------------------|-------------|
| Candidate | Signature | Date |
| Assessor's name | Signature | Date |
| Internal Quality Assurer (if sampled) | Signature | Date |
| Qualification Consultant (if sampled) | Signature | Date |

Please indicate as applicable:

Candidate has achieved:

Candidate has not achieved:

Entry 3 Speaking, listening & communication Assessment Record – sheet 2

Informal discussion

Group discussion One to one (please tick as applicable)

Details of group _____

Topic of discussion _____ Length of discussion _____

Candidate's Name _____ Enrolment number _____

Date of assessment _____ Centre Name _____

A tick in the box indicates that the assessor has confirmed that the candidate has adequately demonstrated the criterion. The assessor should write down examples that the candidate has used to demonstrate the skill.

| Confirm that the candidate: | Tick box | Give examples: |
|--|--------------------------|---|
| Follows the main points of discussions | <input type="checkbox"/> | Comment not expected ✓ only. |
| Uses techniques to clarify and confirm understanding of others' contributions (eg asking questions, repetition, body language/gestures, nodding, thanking) | <input type="checkbox"/> | Please add comment regarding techniques used and insert quote from candidate. |
| Own point of view expressed clearly | <input type="checkbox"/> | Insert quote from candidate. |
| Responds appropriately to others' points of view and input | <input type="checkbox"/> | Insert quote from candidate. |
| Uses appropriate language | <input type="checkbox"/> | Comment not expected ✓ only. |
| Makes contributions relevant to the discussion | <input type="checkbox"/> | Comment not expected ✓ only. |

Tick any that may apply:

| | | | |
|--------------------------------|--------------------------|--|--------------------------|
| Maintained eye contact | <input type="checkbox"/> | Listened to other contributions | <input type="checkbox"/> |
| Used appropriate body language | <input type="checkbox"/> | Asked questions | <input type="checkbox"/> |
| Used appropriate gestures | <input type="checkbox"/> | Answered questions | <input type="checkbox"/> |
| Appropriate facial expressions | <input type="checkbox"/> | Asked for clarification / questions to be repeated | <input type="checkbox"/> |

| | | |
|--|------------------|-------------|
| Candidate's name | Signature | Date |
| Assessor's name | Signature | Date |
| Internal Quality Assurer (if sampled) | Signature | Date |
| Qualification Consultant (if sampled) | Signature | Date |

Please indicate as applicable:

Candidate has achieved:

Candidate has not achieved:

Published by City & Guilds
1 Giltspur Street
London
EC1A 9DD
T +44 (0)844 543 0000
F +44 (0)20 7294 2413
www.cityandguilds.com

City & Guilds is a registered charity
established to promote education and
training