**ICSK-L2 Example Internal Assessment Schedule**

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|  | **Number required** | **Date(s)** |
| Learning Review | Weekly |  |
| Self-review | One |  |
| Tutor observation of skills | Minimum one |  |
| Feedback from peers/‘helpees’ on skills practice sessions | Minimum one |  |
| Tutorial Dates | Minimum one |  |
| Portfolio and candidate learning record | One |  |