## 13930 Workplace Assessments

## Observation

Specific Outcome 1: Oversee the reception of visitors

Specific Outcome 2: Ensure that visitors are consulted according to organisational requirements

#### Assessment activity 1

You have to do duty at reception of your college, place of work or any other organisation such as your local church, community centre or sport centre. Your supervisor or facilitator has to complete the checklist below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Action: learner has to | | Yes | No | Remarks | |
| Greet visitors according to the procedure in the organisation | |  |  |  | |
| Assist visitors with enquiries | |  |  |  | |
| Contact staff member to assist visitors when learner is not able to help | |  |  |  | |
| Invite visitors to take a seat while waiting | |  |  |  | |
| Follow up with staff member when visitors are not served promptly | |  |  |  | |
| Process documents that have been delivered | |  |  |  | |
| Process parcels that have been delivered | |  |  |  | |
| monitor receptionist at work | |  |  |  | |
| Identify and note non-conformances | |  |  |  | |
| Report non-conformances | |  |  |  | |
| Suggest remedial action to management | |  |  |  | |
| Communicate areas of improvement to reception employees | |  |  |  | |
|  |  | |  | |  |
| Supervisor signature | Date | | Learner signature | | Date |

## Work sample

Specific Outcome 3: Monitor visitors` satisfaction

#### Assessment activity 2

1. Draw up a questionnaire with at least three questions that you can use to monitor visitors’ satisfaction.
2. Obtain feedback from at least 10 visitors
3. Analyse these questionnaires to find out what the level of satisfaction of visitors are. Report your findings
4. If more than 40% of the customers indicate that they are not satisfied, what should you do about it?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Logbook 13930 | | | | |
| **Date** | **Assignment No** | **Start** | **Finish** | **Total Hours** |
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|  |  |  |  |  |
| Date | Candidate signature | Date | Mentor/supervisor signature | |

## Assessment Review

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME of LEARNER** | | | | | **NAME of ASSESSOR** | | | | | |
| **VENUE** | | | | | **DATE of REVIEW** | | | | | |
| **UNIT STANDARD** | | 13930 Monitor and control the receiving and satisfaction of visitors | | | | | | | | |
| **Review Dimension** | | | | **ASSESSOR** | | **LEARNER/**  **CANDIDATE** | | **ACTION** | | |
| The principles/criteria for good assessment were achieved? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment related to the registered unit standard? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment was practical? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| It was time efficient and cost-effective and did not interfere with my normal responsibilities? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment instruments were fair, clear and understandable | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment judgements was made against set requirements | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The venue and equipment was functional? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Special needs were identified and the assessment plan was adjusted | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Feedback was constructive against the evidence required | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| An opportunity to appeal was given | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The evidence was recorded | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| **LEARNER”S DECLARATION OF UNDERSTANDING** | | | | | | | | | | |
| I am aware of the moderation process and understand that the moderator could declare the assessment decision invalid | | | | | | | | | | |
|  | | |  | | | | | |  | |
| **Learner** | **Date** | | **Assessor** | | | | **Date** | | **Moderator** | **Date** |

## Candidate Feedback Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | ID No. |  |
| Assessor's Name |  | | | | Reg. No. |  |
| Unit Standard Title | 13930 Monitor and control the receiving and satisfaction of visitors | | | | | |
| **ASSESSMENT DECISION** | | | | | | |
| Source of Evidence | | C | NYC | Comments | | |
| Assessments | |  |  |  | | |
| Product | |  |  |  | | |
| Indirect Evidence | |  |  |  | | |
|  | |  |  |  | | |
| Overall Assessment Decision | | | |  | | |
| Additional Notes | | | |  | | |
| Date | | | |  | | |
|  | | | |  | | |
| Signature of Assessor | | | | Signature of Candidate | | |

## Candidate Appeal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate's Name: | | ID No. |  |
| Assessor's Name: | | Reg. No. |  |
| Unit Standard Title: | | 13930 Monitor and control the receiving and satisfaction of visitors | |
| Date: | |  | |
| SECTION 1 | |  | |
| Candidate's reason for disagreeing with the assessment decision |  | | |
| Assessor's rationale for the assessment decision |  | | |
| Candidate's signature |  | | |
| Assessor's signature |  | | |
| SECTION 2 |  | | |
| Moderator's decision |  | | |
| Moderator's signature |  | | |

Please send this form to:

## Assessor's Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | ID No. |  |
| Assessor's Name |  | | | | Reg. No. |  |
| Unit Standard Title | 13930 Monitor and control the receiving and satisfaction of visitors | | | | | |
| ASSESSMENT DECISION | | | | | | |
| Specific Outcome | | C | NYC | Comments | | |
| Oversee the reception of visitors | |  |  |  | | |
| Ensure that visitors are consulted according to organisational requirements | |  |  |  | | |
| Monitor visitors` satisfaction | |  |  |  | | |
| Overall Assessment Decision | |  | | | | |
| Comments | |  | | | | |
| Date | |  | | | | |
|  | |  | | | | |
| Signature of Assessor | | Signature of Candidate | | | | |

## Moderator's Report

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Moderator's Name |  | | | | Reg. No. | |  |
| Assessor's Name |  | | | | Reg. No. | |  |
| Candidate's Name |  | | | | ID No. | |  |
| Unit Standard Title | 13930 Monitor and control the receiving and satisfaction of visitors | | | | | | |
| **MODERATION DECISION** | | | | | | | |
| Specific Outcome | | | C | NYC | | Comments | |
| Oversee the reception of visitors | | |  |  | |  | |
| Ensure that visitors are consulted according to organisational requirements | | |  |  | |  | |
| Monitor visitors` satisfaction | | |  |  | |  | |
| Overall Moderation Decision | | | | | |  | |
| Feedback to Assessor | | | | | |  | |
| Action Required | | | | | |  | |
| Date of Moderation | | | | | |  | |
| Signature of Moderator | |  | | | | | |
| Signature of Assessor | |  | | | | | |
| Signature of Candidate | |  | | | | | |