

PARTICIPANT ASSESSMENT

PARTICIPANT: _____

EMPLOYER: _____ **QUALIFICATION:** SIR20207 – Certificate II in Retail

ASSESSOR: _____ **DATE:** _____

UNIT CODE:	SIRXCOM001A & SIRXCCS002A	UNIT NAME:	Communicate in the Workplace & Interact with Customers (Holistic Assessment)
Pre-requisite unit/s	No		
Assessment Reference	Performance Criteria Reference		
Part A	1.1 – 1.5, 2.1 – 2.6, 3.1 – 3.4, 4.1 – 4.8, 5.1 – 5.2 & 1.1 – 1.10, 2.1 – 2.8, 3.1 – 3.4, 4.1 – 4.3		
Part B	1.1 – 1.5, 2.1 – 2.6, 3.1 – 3.4, 4.1 – 4.8, 5.1 – 5.2 & 1.1 – 1.10, 2.1 – 2.8, 3.1 – 3.4, 4.1 – 4.3		
Part C	1.1 – 1.5, 2.1 – 2.6, 3.1 – 3.4, 4.1 – 4.8, 5.1 – 5.2 & 1.1 – 1.10, 2.1 – 2.8, 3.1 – 3.4, 4.1 – 4.3		

Participant Assessment Instructions

A copy of all work submitted is available upon request.

Part A oral assessment questions which will be completed either verbally or via written test.

Part B contains observation outcomes of criteria undertaken by your trainer and comments.

Part C contains your written activities

CONDUCT / RECORD ASSESSMENT

Assessment Outcome Reference: C = Competent NYC = Not Yet Competent

Assessment Method Reference:

P = Practical Demonstration O = Observation

W = Written Assessment V = Verbal Assessment

T = Third Party Testimonial

Unit Code	Unit of Competence Name	Assessment Method	Assessment Environment	Outcome
SIRXCOM001A & SIRXCCS002A	Communicate in the Workplace & Interact with Customers		On the Job	

Assessor Signature:

Date:

REVIEW ASSESSMENT

Assessor Feedback to Participant (including further action if deemed NYC / training commenced in an other unit)

Participant Feedback to Assessor

Participant Signature:

Date:

Employer Feedback to Assessor

Employer Signature:

Date:

Next scheduled visit date: