

SUMMATIVE ASSESSMENT: FEEDBACK REPORT

CANDIDATE	
ORGANISATION	
OCCUPATION	
UNIT STANDARD NUMBER	RW/C/DISP/2
UNIT STANDARD TITLE	Displaying and Marking Merchandise
NUMBER OF CREDITS	8
NQF LEVEL	2
SPECIFIC OUTCOMES TO BE ASSESSED	All
FEEDBACK GIVEN IN THE FOLLOWING MANNER <ul style="list-style-type: none"> • MEETING • WRITTEN • E-MAIL WITH ATTACHMENTS • TELEPHONE • • 	

ASSESSMENT DECISION

	YES	NO
The candidate has submitted evidence that is valid, relevant, current, sufficient and authentic against the listed specific outcomes and covered all range statements		
The candidate is competent in all the assessment criteria listed		

<p>The candidate is not yet competent in the following criteria</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>The following items require corrective action or improvement</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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RECOMMENDATIONS

RE-ASSESSMENT SHOULD TAKE PLACE AS FOLLOWS:

DECLARATION BY CANDIDATE

I, declare that
I am **SATISFIED / NOT SATISFIED** that the feedback given to me by the Assessor was relevant, sufficient and done in a constructive manner.

I **ACCEPT / DO NOT ACCEPT** the assessment decisions.

I have no further questions relating to this particular assessment process.

Assessor's signature	Date
Candidate's signature	Date
Moderator's signature	Date