# Facilitator Review Report:

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| --- | --- | --- | --- | --- | --- |
| **Programme Name and Number** |  | | | | |
| **Unit Standard/s:** |  | | | | |
| **SAQA ID:** |  | **NQF Level** |  | **Credits** |  |

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| --- | --- | --- | --- |
| **Facilitator Name:** |  | **Date of Training** |  |

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| --- | --- | --- | --- |
| **Number of Learners according to Attendance list** |  | **Actual number of Learners** |  |

**Administration**

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| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| **Did you receive the following documentation before the training:** |  |  |
| * Learner Attendance List |  |  |
| * Training Confirmation Form? (Only when Travelling) |  |  |
| **Did all the learners complete/sign the following during the session:** |  |  |
| * The attendance register (Time In/ Time Out)? |  |  |
| * The spine of the PoE? |  |  |
| * The cover page of the PoE? |  |  |
| * The learner information form? |  |  |
| * Learner Declaration? |  |  |
| **Did all the learners submit the following:** |  |  |
| * Certified copy of ID |  |  |
| * Certified copies of qualifications/ SoR |  |  |
| * Copy of CV |  |  |
| **Did you sign the following documents:** |  |  |
| * Learner Declaration |  |  |
| **Comments and recommendations** | | |

**Facilitation planning and preparation**

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|  | **Yes** | **No** |
| * Did you have an updated copy of the following? |  |  |
| * + Learner Guide |  |  |
| * + Facilitator Guide |  |  |
| * + Assessor Guide |  |  |
| * + Slide Show |  |  |
| * Did you make sure that you have all relevant stationary? |  |  |
| * Did you prepare a facilitation plan? |  |  |
| **Comments and recommendations** | | |

**Post facilitation**

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|  | **Yes** | **No** |
| * Did you submit the following course administration (attendance register, learner feedback forms etc.) |  |  |
| * + Attendance Register |  |  |
| * + Learner Feedback Forms |  |  |
| * + Unused Learning Material |  |  |
| * + Stationary Box |  |  |
| * + Returned Equipment taken |  |  |
| * Have you submitted your facilitation report |  |  |
| **Comments and recommendations** | | |

**Format and Content of Portfolio**

(This check confirms the validity, currency, sufficiency, relevancy, reliability and fairness of the assessment. As you will provide the learners with the relevant information needed to complete the portfolio, check the following as well.)

|  |  |  |
| --- | --- | --- |
| **Unit Standard Check** | **Yes** | **No** |
| * Is the Unit Standard in the Learning Material current? (not expired) |  |  |
| Has the unit standard information been recorded **correctly?**  (ID, title, level, credits, SOs and ACs) | | |
| * On the cover page of the Learning Material? |  |  |
| * On the assessment planning documents? |  |  |
| * On the evidence checklist? |  |  |
| * In the footer of the Learning Material (if applicable)? |  |  |
| * In the overview section |  |  |
| **Comments and recommendations** | | |

**Feedback with regards to the assessment activities**

Carefully consider the assessment activities and complete the table.

* The activity number e.g. Activity 2.4.1
* Description of challenge, e.g. too difficult, too easy, unclear, confusing, outside the scope of the unit standard, does not match specific outcomes, difficult to implement, duplication, overassessment, etc.
* Possible solutions, e.g. rephrase or replace questions, scrap questions
* Please attach possible ideas/ replacement activities to the report.

**Key**

**Formative assessment activities - FA**

**Summative knowledge questionnaire - KQ**

**Summative workplace assessment – SA**

**Workplace Practical – WP (QCTO only)**

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| **Section/Key** | **Activity No** | **Description of challenge** | **Possible Solution** |
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| **Other CHALLENGES : Learning Material (LG, FG, AG and PoE)** |
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| **Recommendations** |

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| **Facilitator Signature** |  | **Date** |  |

## Summary of Learners Attending

| **US Title** | |  | | | **US No** |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NO** | **Surname** | **Name** | **ID** | **Comments** | | |
| 1 |  |  |  |  | | |
| 2 |  |  |  |  | | |
| 3 |  |  |  |  | | |
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