

# SKILLS COMPETENCY ASSESSMENT

## Answering Incoming Calls

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor's Name: \_\_\_\_\_

**Objective:** To answer telephone calls professionally, acquiring all necessary information from the caller, documenting it correctly, and properly acting on it.

**Conditions:** The student demonstrates the ability to answer incoming calls using the following equipment and supplies: telephone, telephone message pad, appointment calendar, and pen or pencil.

### Skills Assessment Checklist:

Task Performed	Tasks
<input type="checkbox"/>	Answers telephone promptly (no more than three rings).
<input type="checkbox"/>	Answers with preferred office greeting.
<input type="checkbox"/>	Asks name of caller as quickly as possible.
<input type="checkbox"/>	Focuses on call.
<input type="checkbox"/>	Expresses warmth and interest in tone of voices
<input type="checkbox"/>	Is prepared with appropriate materials, such as notepad or appointment calendar.
<input type="checkbox"/>	Uses notepad to record caller's name and phone line and notes on the content of the call if using a multi-line telephone system.
<input type="checkbox"/>	Documents information on a message pad and/or the patient's chart as required and records appropriate future actions necessary.
<input type="checkbox"/>	Repeats information back to the caller.
<input type="checkbox"/>	Asks if caller has further questions.
<input type="checkbox"/>	Ends the call courteously.
<input type="checkbox"/>	Lets the caller hang up first before disconnecting.
<input type="checkbox"/>	Completed the tasks within 10 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Handling Problem Calls

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To handle calls in a positive and professional manner while providing necessary comfort, empathy, and information to the caller to resolve the problem.

Conditions: The student demonstrates the ability to handle difficult calls using telephone, message pad, and pen or pencil.

### Skills Assessment Checklist

- | Task Performed           | Tasks   |
|--------------------------|---|
| <input type="checkbox"/> | Remains calm and professional.  |
| <input type="checkbox"/> | Allows caller to finish speaking thoughts without interruption (unless it is a medical emergency required immediate attention). |
| <input type="checkbox"/> | Listens to what the caller is upset about.  |
| <input type="checkbox"/> | Asks questions when appropriate during pauses   |
| <input type="checkbox"/> | Handles the situation objectively, without taking the caller's words personally.  |
| <input type="checkbox"/> | Offers assistance.  |
| <input type="checkbox"/> | Documents the call accurately and promptly.   |
|                          | <b>For a frightened or hysterical caller:</b>   |
| <input type="checkbox"/> | Speaks in a soothing voice and slower, lower tone than normal.  |
| <input type="checkbox"/> | If an emergency, begins triage procedures as needed.  |
| <input type="checkbox"/> | Has caller repeated back any instructions given.  |
| <input type="checkbox"/> | Finalizes and follows through on action to be taken.  |
| <input type="checkbox"/> | Reports problem calls immediately to physician or office manager.   |
|                          | <b>For an angry or a hostile caller:</b>  |
| <input type="checkbox"/> | Lowers pitch and volume of voice.   |
| <input type="checkbox"/> | Uses the words <i>I understand</i> to express an interest in and empathy with the caller's concerns.                            |
| <input type="checkbox"/> | Finalizes and follows through on action to be taken.  |
| <input type="checkbox"/> | Reports problem calls immediately to physician or office manager.   |
| <input type="checkbox"/> | If caller becomes abusive, politely but firmly tells caller the conversation must be ended and immediately terminates call.     |
| <input type="checkbox"/> | Completed the tasks within 15 minutes.  |
| <input type="checkbox"/> | Results obtained were accurate.   |

Overall performance of the student

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Placing Outgoing Calls

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To place outgoing calls efficiently and effectively.

Conditions: The student demonstrates the ability to place outgoing calls using telephone, message pad, pen or pencil, and any material specifically applicable to the call.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Prepares all appropriate materials, including telephone number, chart, financial information, appointment book, and notes of questions or information.
<input type="checkbox"/>	Makes calls from quiet location.
<input type="checkbox"/>	Rationale: Understands necessity of preserving patient confidentiality.
<input type="checkbox"/>	Makes calls at a time when there is no interference with other office duties.
<input type="checkbox"/>	Makes calls at appropriate time for the needs of the caller (e.g., considers time zones and business hours).
<input type="checkbox"/>	Uses appropriate language, tone and communication techniques to ensure that the message is understood.
<input type="checkbox"/>	Knows and follows legal guidelines for collection calls.
<input type="checkbox"/>	Completed the tasks within 10 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Checking in Patients

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To ensure the patient is given prompt and proper care; to meet legal safeguards for documentation.

Conditions: The student demonstrates the ability to ensure the patient is given prompt and proper care and meets legal safeguards for documentation using the following equipment and supplies: patient chart, required forms and check-in list and/or appointment book.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Prepares a list of patients to be seen and assembles the charts the previous evening or in the morning before opening the ambulatory care setting.
<input type="checkbox"/>	Checks charts to see that all information is up-to-date.
<input type="checkbox"/>	Acknowledges patient immediately when she or he arrives.
<input type="checkbox"/>	Checks the patient in and review vital information.
<input type="checkbox"/>	Checks the patient's name off in appointment book and or day sheet with an ink pen.
<input type="checkbox"/>	Asks politely for the patient to be seated and indicates the appropriate wait time.
<input type="checkbox"/>	Places the chart where it will be used to route the patient to an appropriate location for the visit.
<input type="checkbox"/>	Completed the tasks within 30 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Cancellation Procedures

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

**Objective:** To protect the physician from legal complication; to free up care time for other patients; to ensure quality patient care.

**Conditions:** The student demonstrates the ability to implement cancellation procedures using the following equipment and supplies: appointment sheet, pen (red), and patient chart.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Develops a system so it is evident to staff making appointments that, owing to cancellations, time is now open to schedule other appointments.
<input type="checkbox"/>	Changes: Indicates on the appointment sheet all appointments that were changed by noting changes in the appointment sheet margin and directly in the patient's chart, then indicating the new appointment time.
<input type="checkbox"/>	Cancellations: Indicates cancellations on the appointment sheet and the patient chart. Draws a single red line through canceled appointments. Dates and initials notations in patient chart.
<input type="checkbox"/>	No-shows: Indicates in the appointment book with a red X; notes in patient chart; dates and initials notation.
<input type="checkbox"/>	Completed the tasks within 10 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Establishing the appointment Matrix

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

**Objective:** To have a current and accurate record of appointment times available for scheduling patient visits.

**Conditions:** The student demonstrates the ability to establish a current and accurate record of appointment times available for scheduling patient visits using the following equipment and supplies: appointment book, physician's schedule, staff schedule, and office calendar.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Blocks off times in the appointment book with patients are not to be scheduled by marking a large X through these time slots.
<input type="checkbox"/>	Writes in all vacations, holidays, and other office closures as soon as they are known.
<input type="checkbox"/>	Notes staff absences that might affect patient scheduling.
<input type="checkbox"/>	Writes in all physician meetings, hospital rounds, appointments, conferences, vacations, and other prescheduled physician commitments.
<input type="checkbox"/>	Color-codes with highlighter if the office has a scheduling system for certain examinations or procedures.
<input type="checkbox"/>	Completed the tasks within 30 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Steps for Manual Filing with a Subject Filing System

Student's Name: \_\_\_\_\_  
Evaluator/Mentor Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Objective:** To demonstrate an understanding of the principles of the subject filing system.  
**Conditions:** The student demonstrates the ability to understand the principles of a subject filing system using the following equipment and supplies: documents to be filed by subject, subject index list or index card file listing subjects, alphabetic card file and cards.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Reviews the item to find the subject.
<input type="checkbox"/>	Matches the subject of the item with an appropriate category on the subject index list.
<input type="checkbox"/>	Decides on the proper cross-reference if the item contains information that may pertain to more than one subject.
<input type="checkbox"/>	Underlines the subject title, if it appears on the material.
<input type="checkbox"/>	If subject title is not on the material, writes the subject title clearly in the upper right hand corner and underline it.
<input type="checkbox"/>	Uses and wavy line for cross-referencing and an X, as with alphabetic and numeric filing.
<input type="checkbox"/>	Underlines the first indexing unit of the coded units.
<input type="checkbox"/>	Completed the tasks within 10 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Preparation for Posting a Day sheet

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To ensure that the individual in charge of recording patient transactions is organized and prepared before patients arrive.

Conditions: The student demonstrates the ability to record patient transactions using the following equipment and supplies: pegboard, new charge slips and receipt forms, new day sheet, and ledger cards of patients scheduled for the day.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Places a new day sheet and strip of charge slips on the pegboard.
<input type="checkbox"/>	Fills in information at the top of the day sheet (date and page number).
<input type="checkbox"/>	Carefully enters forwarded balances in Section 4, "Previous Page" columns A-D, and the "Previous Day's Total" and "Accts. Rec. 1 <sup>st</sup> of Month" in the Accounts Receivable control and Accounts Receivable Proof boxes.
<input type="checkbox"/>	Pulls ledger cards from the storage file for all scheduled patients and keeps them available in order in which the patients will be seen.
<input type="checkbox"/>	Keeps a strip of receipt forms on hand in case someone comes into the office to make payment on account.
<input type="checkbox"/>	Completed the tasks within 30 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SKILLS COMPETENCY ASSESSMENT

## Recording Charges and Payments Requiring a Charge Slip (Patient Visits)

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

**Objective:** To record information pertaining to a patient's visit to the physician on the patient's ledger and the day sheet and to provide a charge slip for insurance billing.

**Conditions:** The student demonstrates the ability to record patient information using a patient ledger care and day sheet and to generate an insurance bill using a charge slip.

### Skills Assessment Checklist

Task Performed	Tasks
	<b>When a patient comes in for an appointment</b>
<input type="checkbox"/>	Lines up the patient's ledger under the next charge slip and turns back the first two pages of the slip.
<input type="checkbox"/>	Writes the date, name of patient, and name of responsible party
<input type="checkbox"/>	Writes any previous balance on the charge slip
<input type="checkbox"/>	Removes the charge slip from the pegboard and clips it to the front of the patient's chart to be given to the physician.

#### When the patient returns the form to the front desk

- Enters the charge next to each procedure and writes in the total on the front of the slip.
- Replaces the charge slip on the pegboard, carefully lining it up with the patient's name on the day sheet, and correctly inserts the ledger card under the last page of the charge slip.
- Turns back the first two pages for the charge slip and enters the total charge and any patient payments in the correct columns.
- Arrives a the final balance by looking at the column on the day sheet that shows the previous balance adding the day's charges and subtracting payments made.

#### If the day sheet has additional columns to the right of the charge slip

- Records receipts number, if appropriate.
- Records method of payment.
- Applies business analysis as outlined by office procedures.

#### To complete the procedure

- Completes the posting of each transaction all the way to the far right and on the same line of the day sheet as instructed by office procedures.
- Keeps first copy of charge slip for filing in patient's chart and gives other copies to patient: one for the patient's personal records and one for submission for insurance reimbursement.
- Completed the tasks within 10 minutes
- Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Receiving a Payment on Account Requiring a Receipt

Student's Name: \_\_\_\_\_  
Evaluator/Mentor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Objective: To record payment on the day sheet and patient's ledger card and to provide a receipt to the patient.  
Conditions: Student demonstrates the ability to record a payment and provide receipts to patients using a day sheet, patient ledger card, and new receipt form.

### Time Requirements

and Accuracy Standards: 5 minutes. Points assigned reflect importance of step to meeting objective:  
Important = (5)                      Essential = (10)                      Critical = (15).  
Automatic failure results if any of the **critical** tasks are omitted or performed incorrectly.

### Skills Assessment Checklist

Task Performed	Tasks
	<b>When someone comes into the office to make a payment</b>
<input type="checkbox"/>	Places receipt forms on the pegboard in place of the charge slips.
<input type="checkbox"/>	Pulls the patient's ledger and places it under the receipt form with the first blank line of the ledger under the carbon strip.
<input type="checkbox"/>	Enters the following information on the top of the receipt: date, reference description, payment, amount, and previous balance.
<input type="checkbox"/>	Calculates the new balance by subtracting the payment amount from the previous balance.
<input type="checkbox"/>	Gives the receipt to the person making the payment.
<input type="checkbox"/>	Rationale: Can state reason why no copy of the receipt is needed for the office.
<input type="checkbox"/>	Completed the tasks within 5 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Recording Payments Received Through the Mail

Student's Name: \_\_\_\_\_  
Evaluator/Mentor Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Objective:** To record payments received in the mail on the day sheet and patient ledger card, including payments received from patients and from insurance companies on patient's behalf.  
**Conditions:** The student demonstrates the ability to record patient and insurance payments received in the mail using the day sheet and patient ledger cards.

### Skills Assessment Checklist

Task Performed	Tasks
	<b>If a patient mails in a payment or if a payment is sent by an insurance company</b>
<input type="checkbox"/>	Pulls the appropriate ledger card and places it directly on the day sheet.
<input type="checkbox"/>	Temporarily removes the strip of charge slips from the pegboard.
<input type="checkbox"/>	Enters the patient's previous balance on the day sheet (ledger card does not extend to this column).
<input type="checkbox"/>	Posts directly onto the ledger card the date, reference (patient name), description (ROA or ROA ins), and payment amount.
<input type="checkbox"/>	Calculates the new balance by subtracting the payment amount from the previous balance.
<input type="checkbox"/>	Completed the tasks within 5 minutes.
<input type="checkbox"/>	Results obtained were accurate

Overall performance

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Balancing Day Sheets

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To verify that all entries to the day sheet are correct and that the totals balance.

Conditions: The student demonstrates the ability to verify day sheet entries and confirm that totals are in balance using the following equipment and supplies: day sheet and calculator.

### Skills Assessment Checklist

- | Task Performed           | Tasks  |
|--------------------------|--|
|                          | <b>Column totals</b>   |
| <input type="checkbox"/> | Totals columns A, B1, B2, C, and D and enters the total for each column in the boxes marked "Totals This Page."  |
| <input type="checkbox"/> | Adds column totals to the figures entered in the "Previous Page" column boxes to arrive at the "Month-to-Date" totals.   |
|                          | <b>Proof of posting (all figures are taken from the "Totals This Page" column boxes)</b>   |
| <input type="checkbox"/> | Enters today's column D total, which shows the sum of all the previous balances entered when the transactions were posted.   |
| <input type="checkbox"/> | Enters column A total and adds column A and D totals to arrive at subtotal.  |
| <input type="checkbox"/> | Adds columns B1 and B2 to arrive at sum for total credits for the day. Enters total in space provided for "Less Cols. B1 and B2." Subtracts the total of credits from the subtotal listed in the previous box. |
| <input type="checkbox"/> | Verifies that result equals the amount in column C to indicate that transactions are balanced.   |
| <input type="checkbox"/> | Rationale: Can state the posting process from an individual transaction to achieving a new balance.  |
|                          | <b>Accounts Receivable (A/R) Proof</b>   |
| <input type="checkbox"/> | Carries column A and column B totals from the "Proof of Posting" box to the corresponding spaces in the "A/R control" box.   |
| <input type="checkbox"/> | Adds the amount already entered in the "Previous Day's Total" space to the column A amount to arrive a subtotal.   |
| <input type="checkbox"/> | Subtracts the amount carried over from the "Less cols. LB1 and B2" Box to find the new "Accounts Receivable" amount.   |
|                          | <b>Accounts Receivable Proof</b>   |
| <input type="checkbox"/> | Enter the "Accounts Receivable" amount from the first working day of the month.  |
| <input type="checkbox"/> | Enters the column A "Month-to-Date" total where shown.   |
| <input type="checkbox"/> | Adds the column A amount to the "Accounts Receivable" amount from the first of the month and enters sum in the subtotal space.   |
| <input type="checkbox"/> | Enters the sum of column B1 B2 month-to-date amounts in the space provided and subtracts this sum from the subtotal. Enters amount in the "Total Accounts Receivable" space.                                   |
| <input type="checkbox"/> | Verifies that the total "Accounts Receivable" amounts in the "A/R Control and "A/R Proof" boxes match to confirm that posting is correct and the day is balanced.  |

# SKILLS COMPETENCY ASSESSMENT

## Balancing Day Sheets -continue-

**Task Performed**

**Tasks  
Deposit verification**

- Totals the columns in Section 2 of the day sheet and enters the sum of the columns in the space marked "Total Deposit."
- Verifies that the "Total Deposit" and the total payments received form column B1 are equal.

**Business analysis summary**

- Totals each column in the summary section.
- If the summary is used to break out charges by type of by physician, verifies that the sum of the column equals the day's column A total.
- If the summary is used to credit payment to different physician, verifies that the sum of the columns equal the day's payment column.

**To transfer balances after the day sheet is balanced**

- Takes out a new day sheet for the next day.
- Transfers the "Month-to-Date" column totals to the "Previous Page" column boxes on the new sheet.
- Enters the "Total Accounts Receivable" amount from the last day sheet in the "Previous Day's Total" space of the "A/R Control" box on the new day sheet.
- Enters the "Account Receivable 1<sup>st</sup> of the Month" amount in the "A/R Proof" box on the new sheet.
- Completed the tasks within 30 minutes.
- Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Preparing and Composing Business Correspondence Using All Components

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To prepare and compose a rough draft and final-copy business letter.

Conditions: The student will demonstrate the ability to prepare and compose a rough draft and final-copy letter using appropriate language and letter style to convey a clear and accurate message to the recipient using the following equipment and supplies: computer or word processor and printer, or typewriter; printed letterhead and plain second sheet; dictionary; thesaurus; medical dictionary; style manual; index card.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	List key point to be addressed and organized them.
<input type="checkbox"/>	Organizes the index cards in a logical sequence, then composes a rough draft of the letter
<input type="checkbox"/>	States the reason for the letter in the first paragraph and encourage action in the last paragraph.
<input type="checkbox"/>	Proofreads the draft for grammar, spelling, and punctuation. Uses the appropriate reference material to check any inaccuracies.
<input type="checkbox"/>	Chooses the letter format customary to the ambulatory care setting.
<input type="checkbox"/>	Begins keying the letter referring to the chosen format. Enters complete date on line 15 or two to three lines below the letterhead.
<input type="checkbox"/>	Keys the recipient's name and address flush with the left margin beginning on line 20.
<input type="checkbox"/>	Keys the recipient's name and address flush with the left margin on the second line below the recipient's address. Follows salutation with a colon, unless using open punctuation.
<input type="checkbox"/>	Keys the subject of the letter on the second line below the salutation flush with the left margin.
<input type="checkbox"/>	Begins the body of the letter on the second line below the salutation or subject line. Uses correct letter style.
<input type="checkbox"/>	Keys the complementary closure on the second line below the body of the letter, capitalizing only the first word.
<input type="checkbox"/>	Keys the signature four to six lines below the complimentary closing.
<input type="checkbox"/>	Keys reference initials, if used, two lines below the keyed signature.
<input type="checkbox"/>	Keys the enclosure or carbon copy notation one or two lines below the reference initials.
<input type="checkbox"/>	Proofreads the document and makes corrections as necessary.
<input type="checkbox"/>	Prepares the envelope and attaches to the letter.
<input type="checkbox"/>	Completed the tasks within 15 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Reconciling a Bank Statement

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To verify that the balance listed in the checkbook agrees with the balance shown by the bank.

Conditions: The student demonstrates the ability to reconcile a bank statement using a checkbook, bank statement, and calculator.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Checks that the balance in the checkbook is current.
<input type="checkbox"/>	Subtracts any service charge listed on the statement from the last balance listed in the checkbook.
<input type="checkbox"/>	In the checkbook, checks off each check listed on the statement and verifies the amount against the check stub.
<input type="checkbox"/>	In the checkbook, checks off each deposit listed on the statement.
<input type="checkbox"/>	Copies ending balance listed on the front of the bank statement in the space indicated on the worksheet found on the reverse side of the statement.
<input type="checkbox"/>	Totals the checks not cleared on the bank statement worksheet.
<input type="checkbox"/>	Totals the deposits not credited on the worksheet.
<input type="checkbox"/>	Adds together the statement balance and the total of deposits not credited.
<input type="checkbox"/>	Subtracts the total of checks not cleared.
<input type="checkbox"/>	Verifies that this amount agrees with the balance in the checkbook.
<input type="checkbox"/>	If checkbook balances, files statement in appropriate place.
<input type="checkbox"/>	Completed the tasks within 30 minutes.
<input type="checkbox"/>	Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SKILLS COMPETENCY ASSESSMENT

## Balancing Petty Cash

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To verify that the amount of petty cash is consistent with the beginning amount, less expenditures shown on receipts.

Conditions: The student demonstrates the ability to balance the petty cash amount using petty cash box, vouchers, and calculator.

### Skills Assessment Checklist

Task Performed	Tasks
<input type="checkbox"/>	Counts the money remaining in the petty cash box.
<input type="checkbox"/>	Totals amounts of all vouchers in the petty cash box.
<input type="checkbox"/>	Subtracts the amount of receipts from the original amounts in petty cash. This amount should equal the amount of cash remaining in the box.
<input type="checkbox"/>	After balancing, writes check only for the amount that was used, bringing petty cash back up to the original amount.

#### For petty cash check disbursement

- Sorts all vouchers by account.
- Lists accounts involved on a sheet of paper.
- Totals vouchers for each account and records individual totals on the list.
- Copies this list with its totals on the "Memo" portion of the stub for the check number on the list.
- Completed the tasks within 15 minutes.
- Results obtained were accurate.

Overall performance

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SKILLS COMPETENCY ASSESSMENT

## Preparing, Sending, and Receiving a Fax

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Mentor Name: \_\_\_\_\_

Objective: To send and receive information quickly and accurately by fax (facsimile).

Conditions: The student will demonstrate the ability to send and receive information quickly and accurately by fax using the following equipment and supplies: fax machine, telephone, correspondence, fax cover sheet.

### Skills Assessment Checklist

**Task  
Performed**

**Tasks  
To Send a Fax**

- Prepares a cover sheet or uses a preprinted cover sheet for the document to be faxed. Includes on cover sheet the addresses of sender and receiver, total number of faxed pages (including cover sheet), and short message.
- Rationale: Understands that confidential information must be faxed only with the advance permission of the receiver. The cover sheet must include a notice on confidentiality.
- Places the document face down in the fax machine.
- Dials the telephone or dedicated fax number of the receiver. Checks accuracy of number dialed.
- Requests a receipt or report after the document passes through the fax machine.
- Removes the documents from the machine; calls recipient to ensure that fax was received.

**To Receive a Fax**

- Ensures that the fax machine is turned on and that the telephone line to the machine is not being used.
- Removes the document from the machine after it is received.
- Immediately delivers the faxed document to the addressee.
- Completed the tasks within 10 minutes.
- Results obtained were accurate.

Overall performance

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_