observation checklist

The following checklist is to be completed by a Third-Party observer. Their role is to observe you have discussions with others through the process of reviewing and trialling your assessment tool.

The Observer will need to possess the TAE40110 Certificate IV in Training & Assessment or higher qualifications, and be prepared to provide a copy of these if requested to do so. If such a person is not available, then a video recording of the conversations may be submitted instead, and your Fortress Learning Assessor will complete it.

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| --- | --- | --- | --- | --- |
| **Skills** | **Have you observed the candidate demonstrate each of the following:** | **Yes** | **No** | **Comments (please add as much detail as you can)** |
| Verbal communication to meet the purpose required | *Provided clear information*  *Encouraged thoughts from others*  *Provided explanations and instructions* |  |  |  |
| Style of communication | *Reflected the audience* |  |  |  |
| Rapport | *Built rapport, trust and confidence*  *Motivated others* |  |  |  |
| Explains ideas and requirements clearly | *Asked questions to confirm understanding Provided appropriate feedback* |  |  |  |
| Effective listening skills are demonstrated | *Listened to responses and responded appropriately* |  |  |  |
| Cultural differences considered | *Looked listened and encouraged* |  |  |  |
| Achieved joint outcomes | *Effective interaction with others*  *Decisions made regarding purpose of assessment and recommendations following trial/review* |  |  |  |
| Assessment practice | Explored ideas to find ways of improving  Showed good understanding of assessment practices |  |  |  |
| Participation in individual discussions | Participated in individual discussions |  |  |  |

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| **Observer Declaration**  (to be completed by person who completed this Observation Checklist) | | |
| Observer Name: |  | |
| Contact Details | Phone: |  |
| Email: |  |
| Employment Details | Current Position: |  |
| Current Employer: |  |
| Which TAE qualifications do you possess? | |  |
| **Observer Signature:** | | Date: |