# Workplace Assessment Task 8 – Assessor’s Checklist

*(This form is for the assessor’s use only)*

## **Purpose**

This *Assessor’s Checklist* lists the specific criteria that the candidate’s submission for **Workplace Assessment Task 8** must satisfactorily meet.

This form is to be completed by the candidate’s assessor to document their assessment of the candidate’s submission in Workplace Assessment Task 8.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to participate in a workplace debriefing. During the debriefing the candidate must:

* Report their levels of stress and fatigue to designated persons according to workplace procedures
* Discuss actions to address their individual needs

In this task, the candidate will be assessed on:

* Their practical skills relevant to reporting own levels of stress and fatigue to designated persons according to workplace procedures.
* Their practical skills relevant to addressing own individual needs through a workplace debriefing

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to procedures for workplace debriefing and reporting levels of stress and fatigue to designated persons and discuss these with them.
* Contextualise the criteria in this checklist to reflect these organisational procedures.
* Organise workplace resources required for the candidate to complete this assessment.
* Discuss this assessment task with the candidate, including the criteria they need to meet to complete this task satisfactorily.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Review the candidate’s Meeting Minutes submission.
* For each criterion listed in this checklist:
  + Tick YES if you confirm the candidate’s submission satisfactorily meets the criterion.
  + Tick NO if you confirm the candidate’s submission does not satisfactorily meet the criterion.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will be helpful in addressing any area/s for improvement.

### After the assessment

* Complete all parts of the *Assessor’s Checklist*, including the *Assessor Declaration* on the last page of this form. Your signature must be handwritten.

## **Candidate Details**

|  |  |
| --- | --- |
| Candidate name |  |
| Title/designation |  |

## **Assessor Details**

|  |  |
| --- | --- |
| Candidate is assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| The organisation’s procedures relevant to workplace debriefing and reporting levels of stress and fatigue to designated persons | Assessor to list relevant procedures here |
| Resources required for the assessment | Meeting minutes template  Copy of Reflective Journal from Task 7  Designated persons to report levels of stress and fatigue to |

## **Candidate Assessment Briefing**

|  |  |
| --- | --- |
| Date of assessment briefing |  |

|  |  |
| --- | --- |
| **The assessor confirms:** | **YES/NO** |
| 1. They have discussed with the candidate the workplace task they are required to complete for this assessment. | YES  NO |
| 1. The candidate understands they will be assessed while completing this workplace task, as well as any document(s) they will complete as part of this task. | YES  NO |
| 1. They have discussed with the candidate instructions how they are to undertake the workplace task. | YES  NO |
| 1. They have provided the candidate guidance on how they can satisfactorily complete the task. | YES  NO |
| 1. They have discussed with the candidate the criteria (listed below) they are required to meet to complete the task satisfactorily. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Assessor’s Checklist

|  |  |  |
| --- | --- | --- |
| **The candidate’s Meeting Minutes submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Contains information about the candidate’s own levels of stress and fatigue, as discussed in the meeting   Note: The information discussed by the candidate here must be consistent with the contents of their reflective journal submission from Task 7. |  |  |
| * 1. The candidate’s reflection on their stress and fatigue levels | YES  NO |  |
| * 1. Support that the candidate needs in order to reduce their stress and fatigue levels | YES  NO |  |
| 1. Contains information about addressing the candidate’s individual needs |  |  |
| 1. Experiences that led to certain individual needs | YES  NO |  |
| 1. Advice of designated persons on how to address the candidate’s individual needs | YES  NO |  |
| 1. Action items assigned to the meeting attendees to address the candidate’s individual needs | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Meeting Minutes submission for this workplace assessment task.  I confirm that the information recorded on this *Assessor’s Checklist* is true and accurately reflects the candidate’s submission for this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment - Assessor’s Checklist