# Case Study 1 Task 1.2 – Observation Form

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

## **Purpose**

This *Observation Form* lists the practical skills that the candidate must demonstrate/perform while completing **Case Study 1 Task 1.2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study 1 Task 1.2.

## **Task Overview**

For this task, the candidate is required to meet with the client and their family and carer/s to review and confirm their support requirements, goals, needs, and preferences.

The candidate must be observed by the assessor while completing this task.

In this task, the candidate will be assessed on their:

* Practical knowledge of the person’s individualised support/care plan.
* Practical skills relevant to confirming and clarifying the client’s personal support requirements, goals, needs, and preferences.

## **Instructions to the Assessor**

### Before the assessment

* Organise access to the environment and resources required to complete this assessment, including:
  + One volunteer to act as the client
  + One volunteer to act as the client’s family/carer.
* Advise the candidate on the time and location of the assessment.
* Discuss with the candidate the practical skills listed in the Observation Form prior to the assessment.
* Brief the candidate on their role in this assessment.
* Brief the volunteers on their role in the assessment.
* Address the candidate’s queries and concerns regarding this task.

### During the assessment

* Observe the candidate as they complete the Workplace Assessment Task.
* For each practical skill listed in this observation form:
  + Tick YES if you confirm you have observed the candidate demonstrate/perform the practical skill.
  + Tick NO if you have not observed the candidate demonstrate/perform the practical skill.
* If you ticked YES, provide the date when you observed the candidate demonstrate the skill.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will help address any area/s for improvement.

### After the assessment

* Complete all parts of the *Observation Form*, 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 observed and assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| Workplace supervisor |  |
| Resources required for the assessment | Simulated environment where the candidate will complete this task  A volunteer to play Abraham  A volunteer to play Abigail  Abraham’s Individualised Plan  Meeting minutes template (or similar) |

## **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 on 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 practical skills (listed below) they are required to demonstrate while completing this task. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Observation Form

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate holds the discussion with Abraham and Abigail in a private space, i.e. no other people can hear the discussion about the client’s individualised plan.   Assessor to specify where the discussion was conducted: | YES  NO |  |  |
| 1. The candidate reviews and confirms Abraham’s **support requirements** with Abigail. |  |  |  |
| 1. The candidate refers to Abraham’s individualised support plan during this discussion. | YES  NO |  |  |
| 1. The candidate discusses Abraham’s support requirements in relation to: |  |  |  |
| 1. Bed bathing | YES  NO |  |  |
| 1. Dressing, undressing and grooming | YES  NO |  |  |
| 1. Eating and drinking | YES  NO |  |  |
| 1. Oral hygiene | YES  NO |  |  |
| 1. Shaving | YES  NO |  |  |
| 1. Showering | YES  NO |  |  |
| 1. Toileting and the use of continence aids | YES  NO |  |  |
| 1. Using slide sheets, hoists, slings and lifters | YES  NO |  |  |
| 1. Falls recovery | YES  NO |  |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks Abraham and Abigail whether the support requirements discussed are correct. | YES  NO |  |  |
| 1. The candidate asks Abraham and Abigail if they have any feedback or insights about the support requirements discussed. | YES  NO |  |  |
| 1. The candidate takes note of the feedback and insights from Abraham and Abigail in the meeting minutes (or similar documents). | YES  NO |  |  |
| 1. The candidate reviews and confirms Abraham’s **preferences** with him and Abigail. |  |  |  |
| 1. The candidate refers to Abraham’s individualised support plan during this discussion. | YES  NO |  |  |
| 1. The candidate discusses Abraham’s preferences in relation to: |  |  |  |
| 1. Bed bathing | YES  NO |  |  |
| 1. Dressing, undressing and grooming | YES  NO |  |  |
| 1. Eating and drinking | YES  NO |  |  |
| 1. Oral hygiene | YES  NO |  |  |
| 1. Shaving | YES  NO |  |  |
| 1. Showering | YES  NO |  |  |
| 1. Toileting and the use of continence aids | YES  NO |  |  |
| 1. Using slide sheets, hoists, slings and lifters | YES  NO |  |  |
| 1. Falls recovery | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate asks Abraham and Abigail whether the preferences discussed are correct. | YES  NO |  |  |
| 1. The candidate asks Abraham and Abigail if they have any feedback or insights about the preferences discussed. | YES  NO |  |  |
| 1. The candidate takes note of the feedback and insights from Abraham and Abigail in the meeting minutes (or similar documents). | YES  NO |  |  |
| 1. The candidate asks Abraham about their **other needs and preferences** |  |  |  |
| 1. The candidate asked him about his physical needs. | YES  NO |  |  |
| 1. The candidate asks him about his physical preferences. | YES  NO |  |  |
| 1. The candidate asks about his sensory needs. | YES  NO |  |  |
| 1. The candidate asks about his sensory preferences. | YES  NO |  |  |
| 1. The candidate asks about his cultural needs. | YES  NO |  |  |
| 1. The candidate asks about his cultural preferences. | YES  NO |  |  |
| 1. The candidate takes note of these needs and preferences in the meeting minutes (or similar documents). | YES  NO |  |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks Abigail about **other needs and preferences** Abraham has. |  |  |  |
| 1. The candidate asks her about Abraham’s physical needs. | YES  NO |  |  |
| 1. The candidate asks her about Abraham’s physical preferences. | YES  NO |  |  |
| 1. The candidate asks her about Abraham’s sensory needs. | YES  NO |  |  |
| 1. The candidate asks Abigail about Abraham’s sensory preferences. | YES  NO |  |  |
| 1. The candidate asks Abigail about Abraham’s cultural needs. | YES  NO |  |  |
| 1. The candidate asks Abigail about Abraham’s cultural preferences. | YES  NO |  |  |
| 1. The candidate takes note of these needs and preferences in the meeting minutes (or similar documents). | YES  NO |  |  |
| 1. The candidate works with Abraham to determine his preferred level of participation or involvement in support activities. |  |  |  |
| 1. The candidate discusses actions the candidate (support worker) will complete/undertake during the support activities. | YES  NO |  |  |
| 1. The candidate discusses the level of support they will provide. | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate asks for actions Abraham would like to complete/undertake during the support activities. | YES  NO |  |  |
| 1. The candidate asks Abraham for his feedback and insights on the actions discussed. | YES  NO |  |  |
| 1. The candidate takes note of Abraham’s feedback and insights in the meeting minutes (or similar documents). | YES  NO |  |  |
| 1. The candidate discusses and confirms with Abraham the aids, devices, and equipment to be used during the support activities. |  |  |  |
| 1. The candidate discusses with him the aids, devices, and equipment to be used during the support activities. | YES  NO |  |  |
| 1. The candidate asks him whether the aids, devices, and equipment discussed are correct. | YES  NO |  |  |
| 1. The candidate asks him for their feedback and insights on aids, devices, and equipment | YES  NO |  |  |
| 1. The candidate takes note of Abraham’s feedback and insights in the meeting minutes (or similar documents). | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, meet with the client and the client’s family and carers to review and confirm their support requirements, goals, needs, and preferences.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during the completion of this task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study – Observation Form