# Case Study 1 Task 1.4 – 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 1.4.**

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 1.4.

## **Task Overview**

For this task, the candidate is required to prepare and assemble aids, devices/appliances, and equipment required by the client.

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, including the aids, devices/appliances, and equipment required by the person.
* Practical knowledge and skills relevant to preparing and assembling aids, devices/appliances, and equipment.

## **Instructions to the Assessor**

### Before the assessment

* Organise access to the environment and resources required to complete this assessment, including:
  + Aids, devices/appliances, and equipment used by the client:
    - Hearing aid
    - Dentures
    - A walking stick or foldable walking stick
* Advise you on the time and location of the assessment.
* Discuss with you the practical skills listed in the Observation Form prior to the assessment.
* Brief you on your role in this assessment.
* Address your queries and concerns regarding this task.
* Review this form with the candidate and address any queries or concerns they may have about it.

### 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 assessment  Aids, devices/appliances and equipment used by the client:  Hearing aid  Dentures  Walking stick or foldable walking stick  User manuals, manufacturer's instructions for preparing and assembling these aids, devices/appliances and equipment |

## **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

|  |  |
| --- | --- |
| ate of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

**To the assessor:** The aids, devices/appliances, and equipment the candidate will prepare and assemble will depend on what the client requires and as indicated in the client’s individualised support plan.

Before the assessment:

* Review the manufacturer’s instructions/manual, organisational policies and procedures for assembling equipment, aids, devices/appliances, and the client’s preferences on how they are to be prepared and assembled.
* Revise and update the criteria listed below to align with these requirements.

## **Part I. Aids**

|  |  |
| --- | --- |
| Aid | Hearing aid |
| References used to contextualise the criteria below. | The client’s individualised support plan/care plan  Manufacturer instructions/manual |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate prepares and assembles the hearing aid for use. |  |  |  |
| * 1. The candidate detaches the ear mould from the hearing aid. | YES  NO |  |  |
| * 1. The candidate washes the ear mould with warm soapy water. | YES  NO |  |  |
| * 1. The candidate shakes excess water from the ear mould. | YES  NO |  |  |
| * 1. The candidate wipes the ear mould and leaves it to dry. | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| * 1. The candidate attaches the dry ear mould back to the hearing aid. | YES  NO |  |  |
| 1. The candidate assists the client in wearing the hearing aid. | YES  NO |  |  |
| 1. The supervisor confirms that the candidate has prepared and assembled the aid correctly. | YES  NO |  |  |

## **Part II. Devices/Appliances**

|  |  |
| --- | --- |
| Device | Dentures |
| References used to contextualise the criteria below. | The client’s individualised support plan/care plan  Manufacturer instructions/manual |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate helps prepare dentures for the client’s use. |  |  |  |
| 1. The candidate helps the client remove the dentures after a meal. | YES  NO |  |  |
| 1. The candidate assists the client in rinsing their mouth. | YES  NO |  |  |
| 1. The candidate rinses the dentures with water. | YES  NO |  |  |
| 1. The candidate brushes the dentures. | YES  NO |  |  |
| 1. The candidate soaks the cleaned dentures in a container of cold water. | YES  NO |  |  |
| 1. The candidate assists the client in putting back their dentures. | YES  NO |  |  |
| 1. The supervisor confirms that the candidate has prepared the device correctly. | YES  NO |  |  |

## **Part III. Equipment**

|  |  |
| --- | --- |
| Equipment | Walking stick |
| References used to contextualise the criteria below. | The client’s individualised support plan/care plan  Manufacturer instructions/manual |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate performs the steps below to assemble the client’s equipment.   The steps must be consistent with the client’s preferences and the manufacturer’s instructions. |  |  |  |
| 1. Step 1, Remove the plastic brace holding the stick together. | YES  NO |  |  |
| 1. Step 2, Hold the bottom and top sections of the stick firmly until it snaps straight. | YES  NO |  |  |
| 1. Step 3, Adjust the stick to the height preferred by the client. | YES  NO |  |  |
| 1. The supervisor confirms that the candidate has prepared and assembled the equipment correctly. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, prepare and assemble aids, devices/appliances, and equipment required by the client.  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