# Case Study 2 Task 2.6 – 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 2 Task 2.6.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study 2 Task 2.6.

## **Task Overview**

For this task, the candidate is required to meet with the client to monitor the effectiveness of support activities. Their discussion with the client must aim to gather and determine:

* The client’s feedback on the candidate’s performance.
* The client’s feedback on support activities and whether they are meeting their needs.
* Any changes or improvements that can be made in the support activities.
* Any potential or actual risks to the client’s health, safety, and wellbeing.
* The client’s additional needs and unmet needs.
* Gaps in assistive technology, including the aids, devices, equipment used during the support activities.

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 client’s health, safety, and wellbeing.
* Practical knowledge of support activities and relevant service standards, policies, and procedures.
* Practical skills relevant to monitoring support activities.

## **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
* Advise the candidate on the time and location of the assessment.
* Discuss with the candidate the requirements listed in the Assessor’s Checklist prior to 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 volunteer/s 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  Workplace supervisor  A volunteer to play Henry  Progress notes template |

## **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 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

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

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate holds the discussion with the client 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 asks the client for their feedback and insights on their performance as the client’s support worker. |  |  |  |
| 1. The candidate asks the client where they performed well. | YES  NO |  |  |
| 1. The candidate asks the client where they think the candidate needs improvement. | YES  NO |  |  |
| 1. The candidate asks the client for their comments and suggestions for improving their performance as a support worker. | YES  NO |  |  |
| 1. The candidate asks the client for their feedback and insights on the support activities facilitated. |  |  |  |
| 1. The candidate asks the client what they liked best about the support activities. | YES  NO |  |  |
| 1. The candidate asks the client what they liked least about the support activities. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks the client to check whether the support activities helped the client achieve their support goals. | YES  NO |  |  |
| 1. The candidate asks the client to check whether the support activities helped them meet their support needs. | YES  NO |  |  |
| 1. The candidate asks the client to check whether the support activities were facilitated according to their preferences. | YES  NO |  |  |
| 1. The candidate asks the client for their comments and suggestions for improving the support activities. | YES  NO |  |  |
| 1. The candidate discusses with the client situations of potential or actual risk that can affect the client’s health, safety, wellbeing. |  |  |  |
| 1. The candidate asks the client about other hazards in their environment that pose potential risks to their health, safety, and wellbeing. | YES  NO |  |  |
| 1. The candidate asks the client about other hazards in their environment that pose actual risks to their health, safety, and wellbeing. | YES  NO |  |  |
| 1. The candidate discusses/asks how these can be addressed/managed according to the client. | YES  NO |  |  |
| 1. The candidate records their discussion with the client in the meeting minutes (or similar document) | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate seeks the client for their feedback and insights on any needs they may have that are not addressed by the current individualised support plan.   These include: |  |  |  |
| 1. Any changes the client may be experiencing in their health and wellbeing. | YES  NO |  |  |
| 1. Additional needs brought about by these changes | YES  NO |  |  |
| 1. Unmet needs | YES  NO |  |  |
| 1. How these can be addressed according to the client. | YES  NO |  |  |
| 1. The candidate seeks the client for their feedback and insights on assistive technologies used, including aids, devices/appliances, and equipment. |  |  |  |
| 1. The candidate asks the client which aids, devices/appliances, and equipment they think **are helping them meet their support goals**. | YES  NO |  |  |
| 1. The candidate asks the client which aids, devices/appliances, and equipment they think **are not sufficiently helping them meet their support goals**. | YES  NO |  |  |
| 1. The candidate asks the client whether they think the aids, devices/appliances, and equipment used are causing them any pain or discomfort. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks the client whether they think there needs to be adjustments or modifications need to be made in the aids, devices/appliances, and equipment used | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, monitor the effectiveness of support activities in consultation with the client.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of this task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study – Observation Form