# Workplace Assessment Task 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 **Workplace Assessment Task 2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 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

* Contextualise the performance benchmarks outlined in this *Observation Form* so that they align with:
  + The context of direct support work in which the candidate will provide support – aged care, home and community care, disability, or community service.
  + Relevant legal and regulatory requirements and service standards, as well as those specific requirements from the relevant own state/territory.
  + Relevant policies, processes, and procedures from your RTO or the candidate’s organisation/workplace.
  + Individualised support plans, including the goals, needs, preferences of the clients whom the candidate will be supporting in this assessment.
* Organise workplace resources required for this assessment.
* Discuss this assessment task with the candidate, including the practical skills they need to demonstrate during this task and the criteria for satisfactorily demonstrating each skill.
* 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 |  |
| Direct support context | Aged care  Home and community  Disability  Community service  Others (please specify): |

|  |  |
| --- | --- |
| Resources required for the assessment | Direct support work environment in at least one aged care, home and community, disability, or community service organisation  Workplace supervisor  Individual support client, their family and carers  Volunteers to participate in the assessment activity (simulation)  The client’s individualised support plan/care plan  Organisational policies and procedures  Meeting minutes template (or similar) |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  State/territory legislation, regulations, and standards  Workplace systems, policies, and procedures  Equipment, tools, and facilities available in the candidate’s workplace/training organisation  Direct support context (indicated above)  Client’s individualised support plan, including their needs, preferences, and goals.  Others (please specify):  Summary:  Assessor to provide a summary of the contextualisation done here |

## **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

**IMPORTANT: The unit of competency *CHCCCS031 – Provide individualised support* *(Release 1)* requires the candidate to complete this task on three separate instances. In line with this requirement, the assessor must accomplish this Observation Form three times, once for each instance required.**

|  |  |  |  |
| --- | --- | --- | --- |
| This is the | First instance the candidate is completing this task | Second instance the candidate is completing this task | Third instance the candidate is completing this task |
| The candidate will access and review the individualised support plan of | Client A | Client B | Client A  Client B  Client C |
| Date of and time of assessment |  | | |
| Location of assessment  **Please do not provide the client’s home address.** |  | | |
| People present  **For a satisfactory performance, the client and their family/carers must be present during this activity.** | Supervisor  Client’s family/carer/others (please specify relation to client):   |  |  | | --- | --- | | Parent  Client (or the person requiring support)  Child  Sibling  Spouse | Relative  Partner  Others (Please specify): |   Others (Please specify): | | |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate holds the discussion with the client and their family/carers 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 follows the organisation’s policies, procedures, and protocols for preparing for support activities. |  |  |  |
| * 1. The candidate introduces themselves to the client and their family/carers before starting the activity. | YES  NO |  |  |
| * 1. The candidate explains to the client and their family and carers the activity to be undertaken, i.e. meeting to review and confirm the client’s requirements. | YES  NO |  |  |
| * 1. The candidate explains to the client and their family and carers how this activity will be undertaken. | YES  NO |  |  |
| * 1. The candidate encourages the client and family/carers to ask questions, raise concerns, provide feedback throughout the activity. | YES  NO |  |  |
| 1. The candidate reviews and confirms **the support activities and services to be provided** with the client and their family/carers. |  |  |  |
| 1. The candidate refers to the client’s individualised support plan during this discussion. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses the following with the client: |  |  |  |
| 1. Bed bathing |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Dressing, undressing and grooming |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Eating and drinking |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Oral hygiene |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Shaving |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Showering |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Toileting and the use of continence aids |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Using slide sheets, hoists, slings and lifters |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Transferring a person between bed and chair |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Transferring a person from seated to standing |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Transferring a person in and out of a car |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. Falls recovery |  |  |  |
| * The support activity | YES  NO |  |  |
| * How the client will be supported in this activity | YES  NO |  |  |
| 1. The candidate asks the client and family and carers whether the support activities and services discussed are correct. | YES  NO |  |  |
| 1. The candidate asks the client and their family and carers if they have any feedback or insights about the support activities and services discussed. | YES  NO |  |  |
| 1. The candidate takes note of the feedback and insights from the client and their family and carers in the meeting minutes (or similar document). | YES  NO |  |  |
| 1. The supervisor confirms that the support activities and services discussed are consistent with the client’s individualised plan.   (The assessor must confirm this with the supervisor). | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reviews and confirms the client’s **support requirements** with the client and their family/carers. |  |  |  |
| 1. The candidate refers to the client’s individualised support plan during this discussion. | YES  NO |  |  |
| 1. The candidate discusses the client’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. Transferring a person between bed and chair | YES  NO |  |  |
| 1. Transferring a person from seated to standing | YES  NO |  |  |
| 1. Transferring a person in and out of a car | YES  NO |  |  |
| 1. Falls recovery | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks the client and family and carers whether the support requirements discussed are correct. | YES  NO |  |  |
| 1. The candidate asks the client and their family and carers 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 the client and their family and carers in the meeting minutes (or similar document). | YES  NO |  |  |
| 1. The candidate reviews and confirms the client’s **preferences** with the client and their family/carers. |  |  |  |
| 1. The candidate refers to the client’s individualised support plan during this discussion. | YES  NO |  |  |
| 1. The candidate discusses the client’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 |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Transferring a person between bed and chair | YES  NO |  |  |
| 1. Transferring a person from seated to standing | YES  NO |  |  |
| 1. Transferring a person in and out of a car | YES  NO |  |  |
| 1. Falls recovery | YES  NO |  |  |
| 1. The candidate asks the client and family and carers whether the preferences discussed are correct. | YES  NO |  |  |
| 1. The candidate asks the client and their family and carers if they have any feedback or insights about the preferences discussed. | YES  NO |  |  |
| 1. The candidate takes note of the feedback and insights from the client and their family and carers in the meeting minutes (or similar document). | YES  NO |  |  |
| 1. The candidate asks the client about their **other needs and preferences** |  |  |  |
| 1. The candidate asks the client about their physical needs. | YES  NO |  |  |
| 1. The candidate asks the client about their physical preferences. | YES  NO |  |  |
| 1. The candidate asks about their sensory needs. | YES  NO |  |  |
| 1. The candidate asks about their sensory preferences. | YES  NO |  |  |
| 1. The candidate asks about their cultural needs. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks about their cultural preferences. | YES  NO |  |  |
| 1. The candidate takes note of these needs and preferences in the meeting minutes (or similar document). | YES  NO |  |  |
| 1. The candidate asks the client’s family/carers about **other needs and preferences** the client has. | YES  NO |  |  |
| 1. The candidate works with the client to determine their preferred level of participation or involvement in the support activities. |  |  |  |
| 1. The candidate asks the family/carer about the client’s physical needs. | YES  NO |  |  |
| 1. The candidate asks the family/carer about the client’s physical preferences. | YES  NO |  |  |
| 1. The candidate asks the family/carer about the client’s sensory needs. | YES  NO |  |  |
| 1. The candidate asks the family/carer about the client’s sensory preferences. | YES  NO |  |  |
| 1. The candidate asks the family/carer about the client’s cultural needs. | YES  NO |  |  |
| 1. The candidate asks the family/carer about the client’s cultural preferences. | YES  NO |  |  |
| 1. The candidate takes note of these needs and preferences in the meeting minutes (or similar document). | YES  NO |  |  |

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

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate takes note of the client’s feedback and insights in the meeting minutes (or similar document). | YES  NO |  |  |
| 1. The candidate communicates with the client positively. |  |  |  |
| 1. The candidate uses the client’s preferred method of communication, as documented in the client’s individualised support plan. | YES  NO |  |  |
| 1. The candidate uses positive verbal communication. |  |  |  |
| * 1. Avoiding negative words such as “Cannot, will not, do not, etc.” | YES  NO |  |  |
| * 1. Suggesting alternates and solutions when encountering challenges during the support activity. | YES  NO |  |  |
| 1. The candidate uses positive non-verbal communication. |  |  |  |
| * 1. Smiling | YES  NO |  |  |
| * 1. Appropriate eye contact | YES  NO |  |  |
| * 1. Friendly tone or way of talking to the client. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate communicates in a manner that builds trust with the client. |  |  |  |
| 1. The candidate provides words of encouragement to the client. | YES  NO |  |  |
| 1. The candidate provides client specific positive feedback (rather than complimenting for the sake of complimenting) | YES  NO |  |  |
| 1. The candidate acknowledges the client’s accomplishments. | YES  NO |  |  |
| 1. The candidate encourages the client to acknowledge their own success. | YES  NO |  |  |
| 1. The candidate promotes the client’s independence. |  |  |  |
| 1. The candidate supports the client in identifying their own strengths and capabilities in relation to the support activity. | YES  NO |  |  |
| 1. The candidate supports the client in identifying their own capacity for self-care. | YES  NO |  |  |
| 1. The candidate works with the client to demonstrate how these strengths and capabilities can be utilised in the support activity. | YES  NO |  |  |
| 1. The candidate encourages the client to use mobility aids (if applicable in their individualised support plan). | YES  NO |  |  |
| 1. The candidate, as much as possible, encourages the client to be actively involved in their own support. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate promotes the client’s right to informed decision-making. |  |  |  |
| 1. The candidate encourages the client to ask questions about the support services and activities discussed. | YES  NO |  |  |
| 1. The candidate encourages the client to raise their concerns about the support services and activities discussed. | YES  NO |  |  |
| 1. The candidate regularly asks the client for feedback throughout the discussion. | YES  NO |  |  |
| 1. The candidate avoids dictating what must be done and how things are done in relation to the client’s support services. | 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 their completion of this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment – Observation Form