# Workplace Assessment Task 6 – 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 6** 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 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 your own 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

* Contextualise the criteria outlined in this *Assessor’s Checklist* 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

* Review the candidate’s progress notes 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 |  |
| 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)  Progress notes template (or similar) |
| Contextualisation | Assessor to specify below contextualisation they have done to this assessor’s checklist.  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 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

**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 Assessor’s Checklist 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 |

|  |  |  |
| --- | --- | --- |
| **The candidate’s Progress Notes submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Includes the following information: |  |  |
| * 1. Client’s progress in the support activity/ies conducted. | YES  NO |  |
| * 1. Level or degree of participation in the support activity/ies | YES  NO |  |
| * 1. Changes in the client’s physical health and wellbeing, e.g. concerning changes in physical appearance | YES  NO |  |
| * 1. Changes in the client’s mental health and wellbeing | YES  NO |  |
| * 1. Changes in the client’s emotional health and wellbeing | YES  NO |  |
| * 1. Changes in the client’s behaviour | YES  NO |  |
| * 1. Situations of potential risks to the client’s health, safety and wellbeing | YES  NO |  |
| * 1. Situations of actual risks to the client’s health, safety and wellbeing | YES  NO |  |
| * 1. Reportable incidents that occurred during the support activity/ies | YES  NO |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s Progress Notes submission:** | **YES/NO** | **Assessor’s comments** |
| * 1. Behaviours of concern, and: | YES  NO |  |
| * + 1. What happened before | YES  NO |  |
| * + 1. What happened during | YES  NO |  |
| * + 1. What happened after | YES  NO |  |
| * 1. Indicators of additional needs | YES  NO |  |
| * 1. Indicators of unmet needs | YES  NO |  |
| * 1. Gaps in assistive technology needs, e.g. any pain or discomfort as a result of using aids, equipment, and devices | YES  NO |  |
| 1. Shows that the client’s name and other sensitive information that may lead to the client’s identification are omitted. | YES  NO |  |
| 1. Is written in the organisation’s template for progress notes. | YES  NO |  |
| 1. Follows the organisation’s conventions, policies, and procedures for writing progress notes:   **The assessor must contextualise the criteria below to align with the conventions, policies and procedures in the candidate’s organisation.** |  |  |
| 1. Date, sign and print name with all entries | YES  NO |  |
| 1. Put a line through any errors, date and sign | YES  NO |  |
| 1. Use blue or black ink | YES  NO |  |
| 1. Only use the approved abbreviation | YES  NO |  |
| 1. Writing must be legible | YES  NO |  |
| 1. Entries must be objective and write clients direct words with quotation marks | YES  NO |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s Progress Notes submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Entries must be factual, accurate and in a logical order. | YES  NO |  |
| 1. After the entry, draw a line through to the end of the page. | YES  NO |  |
| 1. Use progress notes to track the client’s progress towards goals, as well as to document any other concerns, such as risks identified, changes in the client’s condition and wellbeing, etc. | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s progress notes 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