# Case Study Task 2.2 – 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 completing **Case Study Task 2.2.**

This form is to be completed by the candidate’s assessor to document their assessment of the candidate’s submission in Case Study Task 2.2.

## **Task Overview**

For this task, the candidate is required to report the following to their supervisor:

* Changes in Hannah’s physical condition
* Their effects on her wellbeing
* Situations that are outside their job scope

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

* Practical knowledge relevant to organisational policies and procedures in reporting.
* Practical skills relevant to reporting the following:
  + Changes in a person’s physical condition
  + Indications that the person’s physical situation is affecting their wellbeing

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with the progress notes template.
* Discuss this assessment task with the candidate, including the criteria they need to meet to complete this task satisfactorily.
* 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**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Mode of observation | Direct observation | Observation via video recording |
| Workplace/organisation |  | |
| Resources required for the assessment | Organisation/workplace (or similar environment) where the candidate will complete this assessment.  Progress Notes Template | |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  State/territory legislation, regulations, and standards  Workplace systems  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

| **The candidate’s Progress Notes submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records client information including their: |  |  |
| * + 1. Name | YES  NO |  |
| * + 1. Address | YES  NO |  |
| * + 1. Record completed by | YES  NO |  |
| 1. Documents the changes in Hannah’s physical condition   This includes description of the following |  |  |
| 1. Changes they have observed in Hannah’s physical condition. | YES  NO |  |
| 1. Indications that Hannah’s physical situation is affecting her wellbeing. | YES  NO |  |
| 1. Identifies action point or recommendations for referral.   This includes: |  |  |
| * + 1. Medical responses or interventions needed. | YES  NO |  |
| 1. Identifies referral information. This includes: |  |  |
| * + 1. Name of referred service | YES  NO |  |
| * + 1. What kind of services are needed | YES  NO |  |
| * + 1. How the service can help the client | YES  NO |  |
| 1. Follows organisational policies and procedures.   This includes: |  |  |
| 1. Date, sign and print name with all entries | YES  NO |  |
| 1. Use blue or black ink. | YES  NO |  |
| 1. Writing must be legible | YES  NO |  |
| 1. Writing clients direct words with quotation marks | YES  NO |  |
| 1. After the entry, draw a line through to the end of the page. | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Progress Note 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 Case Study – Assessor’s Checklist