# Workplace Assessment Task 2.1 – 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 2.1.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 2.1.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to meet with each person they are required to assist as part of this workplace assessment task and their family or carer to support them in identifying and acknowledging the person’s strengths.

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

* Practical knowledge relevant to building strength, strengthening and maintaining independence.
* Practical skills relevant to assisting the person to identifying their strengths and opportunities to utilise them.

## **Instructions to the Assessor**

Before the assessment

* Contextualise the criteria in this observation form so that they reflect:
  + The actual workplace environment where the candidate is completing this assessment, including their workplace’s standards, policies, and procedures.
  + The simulated scenario that the candidate is responding to.
* Discuss this assessment task with the candidate, including the practical skills they need to demonstrate 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**

|  |  |  |
| --- | --- | --- |
| 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.  Individualised plan  Meeting minutes template  Nominated persons  Nominated person’s family or carer | |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  State/territory legislation, regulations, and standards  Workplace systems, policies, and procedures  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

|  |  |  |  |
| --- | --- | --- | --- |
| This task is done for | Client A | Client B | Client C |

|  |  |  |  |
| --- | --- | --- | --- |
| **During the meeting with the person and their family or carer:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate helps the person identify and acknowledge their strengths by: |  |  |  |
| * 1. Discussing which parts of the activities in Task 1.2 they found easy to do. | YES  NO |  |  |
| * 1. Discussing which parts of the activities in Task 1.2 they found enjoyable. | YES  NO |  |  |
| * 1. Ask the person’s family or carer to cite instances when the person did not require additional support from others to care for them. | YES  NO |  |  |
| * 1. Affirming how these instances show the person’s strengths. | YES  NO |  |  |
| 1. The candidate assists the person to identify opportunities to utilise their strengths by |  |  |  |
| * 1. Suggesting other activities that utilise their strengths | YES  NO |  |  |
| * 1. Asking about pasts activities that showcased their strengths | YES  NO |  |  |
| * 1. Reminding the person that they can still ask for available support | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During the meeting with the person and their family or carer:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate encourages the person to build their independence by |  |  |  |
| * 1. Introducing activities that the person can do on their own to build their independence. | YES  NO |  |  |
| * 1. Establishing personal goals that are meaningful to the person. | YES  NO |  |  |
| * 1. Affirming the person's strengths that enable them to act independently. | YES  NO |  |  |
| 1. The candidate encourages the person to strengthen their independence by |  |  |  |
| * 1. Suggesting tools or equipment that promote independence | YES  NO |  |  |
| * 1. Supporting their physical wellbeing by suggesting physical activities that they can perform by themselves | YES  NO |  |  |
| * 1. Sharing tips on how to adapt to changes | YES  NO |  |  |
| 1. The candidate encourages the person to maintain their independence by |  |  |  |
| * 1. Outlining routines that the person can do. | YES  NO |  |  |
| * 1. Providing them information about trainings they can take to facilitate increased skills toward self-sufficiency | YES  NO |  |  |
| * 1. Remind the person that they can make their own decisions. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, meet with each of the person and their family or carer to identify and acknowledge the person’s strength.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of the workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment – Observation Form