# Workplace Assessment Task 2.2 – 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 2.2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 2.2.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to meet with the person to provide information and assistance in accessing support services and resources.

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

* Practical knowledge relevant to support services and resources
* Practical skills relevant to providing information and assistance in accessing support services and resources.
* Practical skills relevant to allowing the person to self manage their own delivery service.

## **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  Facilities, resources and equipment to access services  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 interaction with the person:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate provides information on how to access the services based on their individualised plan. | YES  NO |  |  |
| 1. The candidate explains resources that may be needed |  |  |  |
| 1. The nature of the resources | YES  NO |  |  |
| 1. How these resources will help deliver the services | YES  NO |  |  |
| 1. How to access the resources | YES  NO |  |  |
| 1. The candidate lets the person choose the service that they want. | YES  NO |  |  |
| 1. The candidate helps the person access the service delivery independently by: |  |  |  |
| 1. Explaining the different services available for the client to access. | YES  NO |  |  |
| 1. Sharing techniques that would enhance self-management, such as goal setting. | YES  NO |  |  |
| 1. Providing access for the person to request forms for the service delivery | YES  NO |  |  |
| 1. Providing access to activity plans where the client can see more information about the services. | YES  NO |  |  |
| 1. The candidate provides other resources to get information from. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, provide support in accessing services.  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