# Workplace Assessment Task 3.2 – 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 3.2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 3.2.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to meet with each of the person, their family or carer and your supervisor to support the person’s health and safety through routines.

To complete this task, the candidate must meet with the person to:

* Report the identified hazards in Task 3.1 according to organisational procedures.
* Support the person in maintaining a safe and healthy environment.
* Update the individualised plan with the changes in the outlined routine as discussed.

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

* Practical knowledge relevant to daily living habits that contribute to a healthy lifestyle
* Practical knowledge relevant to safe and predictable routines
* Practical skills relevant to reporting hazards
* Practical skills relevant to supporting and assisting the person to maintain a safe and healthy environment.

## **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  Organisational procedures for reporting hazards  Hazard Identification Form template  Nominated persons  Nominated person’s family or carer  Candidate’s supervisor  Individualised plan | |
| 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 |

## **Part I. Maintaining a Safe Environment**

| **While assisting the person** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate supports and assists the person to maintain a safe environment by: |  |  |  |
| * 1. Addressing the hazards identified | YES  NO |  |  |
| * 1. Educating the person how the hazards in their surroundings can be potentially harmful | YES  NO |  |  |
| * 1. Reminding the person to report hazards | YES  NO |  |  |

## **Part II. Maintaining a Healthy Environment**

| **During the interaction with the person, family or carer:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate explains the importance of having a healthy lifestyle. | YES  NO |  |  |
| 1. The candidate promotes daily habits that contribute to healthy lifestyle as indicated in the person’s individualised plan such as:   **The assessor must adapt or contextualise the criteria below to reflect the daily habits that the candidate will promote.** |  |  |  |
| * 1. Taking their vitamins | YES  NO |  |  |
| * 1. Sleeping for 8 hours | YES  NO |  |  |
| * 1. Replacing beddings and pillowcases | YES  NO |  |  |
| 1. The candidate explains how these habits can contribute to a healthy lifestyle. | YES  NO |  |  |
| 1. The candidate helps the person identify their self-care capacity by |  |  |  |
| * 1. Asking the person of their things they usually do to take care of themselves. | YES  NO |  |  |
| * 1. Asking the person’s family or carer to tell instances where the person can take care of themselves. | YES  NO |  |  |
| * 1. Talking about situations where the person can make decision for themselves. | YES  NO |  |  |
| 1. The candidate helps the person acknowledge their self-care capacity by |  |  |  |
| * 1. Affirming how these instances of taking care of themselves show the person’s self-care capacity. | YES  NO |  |  |
| * 1. Encourage the person to self-reflect about instances that they were able to show their self-care capacity. | YES  NO |  |  |
| * 1. Explaining how they can work with their condition when it comes to taking care of themselves/ | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During the interaction with the person, family or carer:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate gives instructions on how to build the habits by |  |  |  |
| * 1. Explaining how routines can help contribute to a sense of security | YES  NO |  |  |
| * 1. Asking the person about their usual routine | YES  NO |  |  |
| * 1. Outlining the routines that: |  |  |  |
| * + - 1. incorporate daily living habits | YES  NO |  |  |
| * + - 1. have the risks removed or reduced | YES  NO |  |  |
| * + - 1. have consistent activities at consistent times | YES  NO |  |  |
| * 1. Asking the person if they agree with the routine | YES  NO |  |  |
| * 1. Making changes to the outlined routine in the individualised plan according to the person’s preferences | YES  NO |  |  |
| * 1. Updating the individualised plan to reflect the changes in the routine. | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During the interaction with the person, family or carer:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate assists and supports the person to maintain a healthy environment by |  |  |  |
| * 1. Reminding the person of the routines which would promote health | YES  NO |  |  |
| * 1. Reminding the person of their self-care capacity | YES  NO |  |  |
| 1. The candidate gives a copy of the updated plan to the person and/or the family or carer. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, support people’s health and safety.  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