# Workplace Assessment Task 1 – 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 1** 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 1.

## **Task Overview**

For this task, the candidate is required to document a client’s health status and physical condition, including any changes to the client’s physical health and wellbeing, e.g. continence, hydration, nutrition, etc.

They are to use their organisation’s template for documenting the client’s health status and conditions, or they may use the Generic Progress Notes template provided along with the assessment workbook.

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

* Practical knowledge of healthy body systems
* Practical skills relevant to documenting client’s health status and physical condition using information about healthy body systems

## **Instructions to the Assessor**

### Before the assessment

* Contextualise the criteria outlined in this *Assessor’s Checklist* so that they align with:
  + The specific community service context in which the candidate is completing this assessment, e.g. individual support, ageing support, home and community, disability, or community service.
  + The policies and procedures within the organisation/workplace where the candidate is completing this assessment, specifically policies and procedures for documenting client’s health status and physical conditions in progress notes.
  + The individualised support plans/care plans of clients, e.g. their goals, needs, preferences, health or medical background, etc.
  + 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 |  |
| Community service contexts | Individual support  Aged care  Home and community  Disability  Community service  Others (please specify): |
| The candidate is supporting/caring for | An ageing support client  Client living with disability |
| Resources required for the assessment | A workplace within community services contexts e.g. aged care, home and community, disability, or community service organisation  Individual support client (ageing or living with a disability)  Information about the client, e.g. individualised support plan, health or medical records, etc.  Progress notes template (or similar) |

|  |  |
| --- | --- |
| Policies and procedures for documenting client’s health status and physical conditions  The assessor must contextualise the criteria in this checklist to align with these policies and procedures. | Policies |
| Procedures |
| 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  The client’s goals, preferences, needs as identified in their individualised support plan  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. 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, including: |  |  |
| * + 1. Indicators of changes, signs or symptoms of body system issues relating to:   For a satisfactory performance, the candidate’s submission must cover at least one below:  Continence  Nutrition  Hydration  Weight  Oral health  Appetite  Dysphagia  Bowel health  Bone health  Food intolerance  Skin integrity  Dementia  Cognitive changes  Others (please specify): e.g. pain and discomfort | 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 |  |

| **The candidate’s Progress Notes submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| * 1. Reportable incidents that occurred during the support activity/ies. | YES  NO |  |
| * 1. Indicators of additional needs | YES  NO |  |
| * 1. Indicators of unmet needs | 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 |  |
| 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