# Case Study Task 1.2 Role Play – 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 **Case Study Task 1.2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study Task 1.2.

## **Task Overview**

For this task, the candidate is required to roleplay a discussion with the supervisor (assessor) to report to them the potential communication issues or difficulties they have identified.

In this task, the candidate will be assessed on their practical skills relevant to reporting potential communication issues or difficulties.

## **Instructions to the Assessor**

### Before the assessment

* Organise access to the environment and resources required to complete this assessment.
* Advise the candidate on the time and location of the assessment.
* Discuss with the candidate the practical skills listed in the Observation Form prior to the assessment.
* Brief the candidate on their role in this assessment.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Take the role of the candidate’s supervisor in the roleplay activity.

For this activity, the assessor is not required to follow any script. They may provide additional comments or ask follow-up questions. However, this is not required for the assessment.

* Observe the candidate as they complete the Case Study 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 | Simulated environment |
| Workplace/organisation | This may be the candidate's training organisation. | |
| Resources required for the assessment | Assessor to act as the candidate’s supervisor. | |

## **Candidate Assessment Briefing**

|  |  |
| --- | --- |
| Date of assessment briefing |  |

|  |  |
| --- | --- |
| **The assessor confirms:** | **YES/NO** |
| 1. They have discussed with the candidate the case study task they are required to complete for this assessment. | YES  NO |
| 1. The candidate understands they will be assessed while completing this case study 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 on how they are to undertake the case study 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 case study task and the assessment process. | YES  NO |

# Observation Form

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reports at least three signs of potentially complicated or difficult situations to the supervisor (assessor),   For a satisfactory performance, although wording may slightly vary, the candidate must report at least three of the following (in no particular order):  The client comes from a culturally and linguistically diverse (CALD) background  The client speaks and understands very little English.  They will be accompanied by a family member who does not speak English at all.  The candidate cannot speak nor understand the client’s language.  The client has no access yet to assistive technology or interpretation/translation services. | YES  NO |  |  |
| 1. The candidate explains to their supervisor (assessor) how the issues they identified will potentially impact the achievement of the client’s rights.   Responses will vary. However, for a satisfactory performance, their response must:  (I.e. all of the criteria listed below must be addressed/ticked)  Be relevant to community services  Refer back to the issues they have identified.  Cover how communication barriers such as the ones they identified can negatively impact the achievement of the client’s rights.  Relate to the rights of clients in the context of community services, e.g., having access to information about services, informed consent, being able to relay their goals, needs, and preferences, etc.  A model answer is provided below:  If the potential communication issue or barrier is left unaddressed, the client will not be able to have access to information about their services to provide informed consent. The client may not also be able to properly communicate their goals, needs, and preferences which are essential to service planning and delivery.  **For the purposes of this assessment, the supervisor (assessor) may advise the candidate that access to assistive technology or interpretation/translation services will be organised by the organisation.** | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, roleplay a discussion with their supervisor (assessor) to report to them the potential communication issues or difficulties they have identified in the previous task (Task 1.1).  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of the case study task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study Assessment – Observation Form