# Workplace Assessment Task 5 – 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 5** 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 5.

## **Task Overview**

For this task, the candidate is required to seek feedback on their own performance from the following people:

* One client/customer
* One teammate
* Their supervisor

The feedback you seek must relate to how well they communicate with others in their organisation/workplace.

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

* Practical skills relevant to seeking feedback on own work performance.

## **Instructions to the Assessor**

### Before the assessment

* Organise workplace resources required for the candidate to complete this assessment.
* Discuss this assessment task with the candidate, including the criteria they need to meet to complete this task satisfactorily.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Review the candidate’s feedback form submissions.
* 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 |  |
| Resources required for the assessment | Workplace/organisation or a similar environment  Workplace supervisor  One client/customer to provide feedback on the candidate’s performance.  One teammate/co-worker to provide feedback on the candidate’s performance.  Organisational forms and templates for seeking feedback, e.g., feedback forms or surveys |

## **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 on 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

## **Feedback Form (Client)**

|  |  |  |
| --- | --- | --- |
| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Documents the candidate’s name. | YES  NO |  |
| 1. Indicates when the feedback was provided. | YES  NO |  |
| 1. Documents client’s feedback, including: |  |  |
| * 1. How well the candidate communicates | YES  NO |  |
| * 1. How knowledgeable the candidate is about their organisation’s products/services | YES  NO |  |
| * 1. Areas where the candidate is consistently doing/performing well. | YES  NO |  |
| * 1. Areas for improvement | YES  NO |  |
| 1. Includes the client’s declaration, including: |  |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Their signature | YES  NO |  |
| 1. Name | YES  NO |  |
| 1. Date signed | YES  NO |  |

## **Feedback Form (Co-worker)**

|  |  |  |
| --- | --- | --- |
| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Documents the candidate’s name. | YES  NO |  |
| 1. Indicates when the feedback was provided. | YES  NO |  |
| 1. Documents co-worker’s feedback, including: |  |  |
| 1. How well the candidate communicates | YES  NO |  |
| 1. How knowledgeable the candidate is about their organisation’s products/services | YES  NO |  |
| 1. Areas where the candidate is consistently doing/performing well. | YES  NO |  |
| 1. Areas for improvement | YES  NO |  |
| 1. Includes the co-worker’s declaration, including: |  |  |
| 1. Their signature | YES  NO |  |
| 1. Name | YES  NO |  |
| 1. Date signed | YES  NO |  |

## **Feedback Form (Supervisor)**

|  |  |  |
| --- | --- | --- |
| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Documents the candidate’s name. | YES  NO |  |
| 1. Indicates when the feedback was provided. | YES  NO |  |
| 1. Documents supervisor’s feedback, including: |  |  |
| 1. How well the candidate communicates | YES  NO |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. How knowledgeable the candidate is about their organisation’s products/services | YES  NO |  |
| 1. Areas where the candidate is consistently doing/performing well. | YES  NO |  |
| 1. Areas for improvement | YES  NO |  |
| 1. Includes the supervisor’s declaration, including: |  |  |
| 1. Their signature | YES  NO |  |
| 1. Name | YES  NO |  |
| 1. Date signed | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the feedback form submissions 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