# Workplace Assessment Task 6 – 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 6.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 6.

## **Task Overview**

For this task, the candidate is required to meet with your workplace supervisor to:

* Go over the feedback they received in Task 5.
* Ask for their advice on skills development opportunities for them.

Note that depending on your supervisor’s advice, they will be required to initiate action on these opportunities in Task 7.

*This may involve requesting for additional coaching and mentoring, signing up for webinars/seminars or attending workplace training sessions.*

The candidate must be observed by the assessor while completing this task.

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

* Practical knowledge of skills development opportunities.
* Practical skills in consulting with your manager about skills development opportunities.

## **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 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

* 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 | Simulated environment |
| Workplace/organisation |  | |
| Resources required for the assessment | Workplace/organisation or a similar environment  Workplace supervisor  Information about opportunities for knowledge and skills development  Feedback received in Task 5 | |

## **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 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

| **During this workplace task:** | **YES/NO** | | **Date observed** | | **Assessor’s comments** |
| --- | --- | --- | --- | --- | --- |
| 1. The candidate summarises the feedback they received from a client   This includes client’s feedback on: |  | |  | |  |
| * 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. The candidate summarises the feedback they received from a co-worker/teammate   This includes co-worker’s feedback on: |  | |  | |  |
| 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. The candidate summarises the feedback they received from the supervisor   This includes supervisor’s feedback on: |  | |  | |  |
| 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. The candidate asks the supervisor for their advice on the following: |  | |  | |  |
| 1. Areas for knowledge development based on the feedback received.   The assessor to record the areas discussed by the supervisor: | | YES  NO | |  | |
| 1. Areas for skills development based on the feedback received.   The assessor to record the areas discussed by the supervisor: | | YES  NO | |  | |
| 1. Opportunities the candidate may access to address these areas.   The assessor to record opportunities recommended by the supervisor: | | YES  NO | |  | |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate whose name appears above:   * Go over the feedback they received in Task 5. * Ask for the supervisor’s advice on skills development opportunities for them.   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