# Workplace Assessment Task 7 – 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 7** 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 7.

## **Task Overview**

For this task, the candidate is required to complete a **Reflective Journal** documenting their work.

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

* Practical skills relevant to implementing improvements to your own work practices and initiating actions on skills development opportunities.
* Practical skills relevant to complying with legal and ethical responsibilities and discussing difficulties with the supervisor.

## **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 reflective journal 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 |  |
| Resources required for the assessment | Workplace/organisation or a similar environment  Workplace supervisor  Reflective Journal Template  Access to development opportunities, e.g., coaching, mentoring, in-house training, etc. |

## **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 |
| **The assessor confirms:** | **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 submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Documents the candidate’s name | YES  NO |  |
| 1. Documents two instances when they implemented improvements to their own work practice.   Note that practices include activities or processes undertaken.  These include: |  |  |
| *Instance 1* |  |  |
| * 1. Date of instance | YES  NO |  |
| * 1. Improvement made to own work practice | YES  NO |  |
| * 1. Outcome after implementing the improvement | YES  NO |  |
| * 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| *Instance 2* |  |  |
| 1. Date of instance | YES  NO |  |
| 1. Improvement made to own work practice | YES  NO |  |
| 1. Outcome after implementing the improvement | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |

|  |  |  |
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| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Documents two instances when they implemented improvements to their work procedures.   Note that procedures are specific steps undertaken as part of a task or a process.  These include: |  |  |
| *Instance 1* |  |  |
| 1. Date of instance | YES  NO |  |
| 1. Improvement made to work procedures. | YES  NO |  |
| 1. Outcome after implementing the improvement | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| *Instance 2* |  |  |
| 1. Date of instance | YES  NO |  |
| 1. Improvement made to work procedures. | YES  NO |  |
| 1. Outcome after implementing the improvement | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| 1. Documents two development opportunities they initiated as recommended by their supervisor (Task 6)   These include: |  |  |
| *Development Opportunity 1* |  |  |
| 1. Date when they initiated the development opportunity) | YES  NO |  |
| 1. Development opportunity initiated | YES  NO |  |
| 1. How the candidate initiated this development opportunity | YES  NO |  |
| 1. Outcome after initiating this development opportunity | YES  NO |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| *Development Opportunity 2* |  |  |
| 1. Date when they initiated the development opportunity) | YES  NO |  |
| 1. Development opportunity initiated | YES  NO |  |
| 1. How the candidate initiated this development opportunity | YES  NO |  |
| 1. Outcome after initiating this development opportunity | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| 1. Documents two instances when they complied with their legal responsibilities.   These include: |  |  |
| *Instance 1* |  |  |
| 1. Date of instance | YES  NO |  |
| 1. Relevant legal responsibility/ies | YES  NO |  |
| 1. How they complied with these responsibility/ies: | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| *Instance 2* |  |  |
| 1. Date of instance | YES  NO |  |
| 1. Relevant legal responsibility/ies | YES  NO |  |
| 1. How they complied with these responsibility/ies: | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |

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| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Documents two instances when they complied with their ethical responsibilities.   These include: |  |  |
| *Instance 1* |  |  |
| 1. Date of instance | YES  NO |  |
| 1. Relevant ethical responsibility/ies | YES  NO |  |
| 1. How they complied with these responsibility/ies: | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| *Instance 2* |  |  |
| 1. Date of instance | YES  NO |  |
| 1. Relevant ethical responsibility/ies | YES  NO |  |
| 1. How they complied with these responsibility/ies: | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| 1. Documents two difficulties encountered while complying with legal and ethical responsibilities   These include: |  |  |
| *Difficulty 1* |  |  |
| 1. Difficulty encountered | YES  NO |  |
| 1. The outcome of their discussion with the supervisor regarding this difficulty | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| *Difficulty 2* |  |  |
| 1. Difficulty encountered | YES  NO |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s submission:** | **YES/NO** | **Assessor’s comments** |
| 1. The outcome of their discussion with the supervisor regarding this difficulty | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |
| 1. Documents an unresolved conflict they encountered in the workplace.   This includes: |  |  |
| 1. Date of unresolved conflict (or when the conflict was encountered) | YES  NO |  |
| 1. Who are involved in the conflict | YES  NO |  |
| 1. Description of the unresolved conflict | YES  NO |  |
| 1. The outcome of their discussion with the supervisor regarding this unresolved conflict | YES  NO |  |
| 1. Supervisor declaration duly accomplished and signed by the supervisor. | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the reflective journal 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