# Workplace Assessment Task 4 – 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 4** 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 4.

## **Task Overview**

For this task, the candidate is required to overcome a language barrier that they encounter while performing the work activities identified in *Preliminary Task – Before Proceeding With Workplace Assessment Task 2 – 4.*

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

* Practical knowledge of language barriers
* Practical skills relevant to overcoming language barriers
* Practical skills relevant to seeking the assistance of interpreters or other persons

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with a copy of their organisation’s policies and protocols for requesting assistance from interpreters and other persons
* Contextualise the criteria in this checklist to reflect the policies and protocols of the candidate’s organisation
* 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 **Email Copy**
* 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 |  |
| Policies and protocols for requesting assistance from interpreters and other persons |  |

## **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 Email Copy submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Lists all of the other person’s language needs. This includes information on: |  |  |
| * 1. The other person’s linguistic profile, including: |  |  |
| * + 1. The languages that they speak | YES  NO |  |
| * + 1. Their proficiency in using those languages | YES  NO |  |
| * + 1. The contexts in which they are comfortable using their languages (i.e. can communicate well in informal conversations, cannot communicate well when discussing legal concerns) | YES  NO |  |
| * + 1. Any disabilities or impairments affecting their ability to communicate | YES  NO |  |
| * 1. Strategies that have been used to try to overcome the language barrier | YES  NO |  |
| * 1. Issues or difficulties that the candidate has experienced while communicating with the person | YES  NO |  |
| * 1. The kind of information or text needs to be translated | YES  NO |  |
| * 1. Difficult concepts or ideas, including jargon, that needs to be discussed | YES  NO |  |
| 1. Explicitly requests for assistance to address the person’s needs. | YES  NO |  |
| 1. Proposes a meeting schedule. | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Email Copy 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