# Workplace Assessment Task 1 – 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 1.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 1.

## **Task Overview**

For this task, the candidate is required to consult with two persons with disability about their needs and preferences.

In this task, the candidate will be assessed on:

* Practical knowledge of common interests, needs, abilities and preferences of PWDs related to engaging with a social network
* Practical skills relevant to communicating with a person with disability

## **Instructions to the Assessor**

### Before the assessment

* Organise workplace resources required for the candidate to complete this assessment.
* Advise the candidate on the time and location of the 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/organisation | Simulated environment |
| Mode of observation | Direct observation | Observation via video recording |
| Workplace/organisation |  | |
| Resources required for the assessment | A disability support environment  Two persons with disability  Organisational template for documenting individualised plans  Facilities, equipment and resources that reflect real working conditions and model industry operating conditions and contingencies  Information on local resources, programs, agencies, transport services, aids and equipment available to people with disability  Organisational policies and procedures  Individualised plans  Equipment and resources outlined in individualised plans  Opportunities for engagement with people with disability or people who participate in simulations and scenarios that involve provision of disability support. | |

## **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 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

## **Person with Disability A**

| **During the meeting with the person with disability:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate consults the person about their interests, needs, abilities and preferences regarding engaging with a social network. |  |  |  |
| 1. The candidate asks about the person’s interests related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate asks about the person’s needs related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate asks about the person’s abilities related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate asks about the person’s preferences related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate consults the person about their preferred manner of participation and its requirements. |  |  |  |
| 1. The candidate asks about the person’s preferred manner of participation. | YES  NO |  |  |
| 1. The candidate asks about the requirements to achieve the person’s preferred manner of participation. | YES  NO |  |  |

| **During the meeting with the person with disability:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate consults the person about their cultural and religious needs |  |  |  |
| 1. The candidate asks about the person’s cultural needs. | YES  NO |  |  |
| 1. The candidate asks about the person’s religious needs. | YES  NO |  |  |
| 1. The candidate records the discussed interests, needs, ability, and preferences in the person’s individualised plan. | YES  NO |  |  |
| 1. The candidate discusses the person’s individualised plan with them to confirm the correctness of information recorded. | YES  NO |  |  |

## **Person with Disability B**

| **During the meeting with the person with disability:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate consults the person about their interests, needs, abilities and preferences regarding engaging with a social network. |  |  |  |
| 1. The candidate asks about the person’s interests related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate asks about the person’s needs related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate asks about the person’s abilities related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate asks about the person’s preferences related to engaging with a social network. | YES  NO |  |  |
| 1. The candidate consults the person about their preferred manner of participation and its requirements. |  |  |  |
| 1. The candidate asks about the person’s preferred manner of participation. | YES  NO |  |  |
| 1. The candidate asks about the requirements to achieve the person’s preferred manner of participation. | YES  NO |  |  |
| 1. The candidate consults the person about their cultural and religious needs |  |  |  |
| 1. The candidate asks about the person’s cultural needs. | YES  NO |  |  |
| 1. The candidate asks about the person’s religious needs. | YES  NO |  |  |

| **During the meeting with the person with disability:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate records the discussed interests, needs, ability, and preferences in the person’s individualised plan. | YES  NO |  |  |
| 1. The candidate discusses the person’s individualised plan with them to confirm the correctness of information recorded. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, consult with two persons with disability about their needs and preferences.  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