# Workplace Assessment Task 3 – 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 3.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 3.

## **Task Overview**

For this task, the candidate is required to provide community options that will meet the needs and preferences of the two persons with disability that they are supporting.

In this task, the candidate will be assessed on:

* Practical knowledge of community participation options, networks and services
* Practical skills relevant to assisting persons with disability in identifying community options that will meet their needs and preferences

## **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  Copies of the individualised plans of the two persons with disability  Organisational template for documenting meeting minutes  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  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:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate accesses and reviews the person’s individualised plan. | YES  NO |  |  |
| 1. The candidate discusses **community resources** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community resources. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each resource. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community resources discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community resources. | YES  NO |  |  |
| 1. The candidate discusses **community programs** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community programs. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each program. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community programs discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community programs. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses **community aids** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community aids. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each aid. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community aids discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community aids. | YES  NO |  |  |
| 1. The candidate discusses **community equipment** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community equipment. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each equipment. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community equipment discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community equipment. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses **social networks based on shared interests** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to social networks. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each social network. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the social networks discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding social networks. | YES  NO |  |  |
| 1. The candidate discusses **work networks** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to work networks. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each work network. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the work networks discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding work networks. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses **agencies** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to agencies. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each agency. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the agencies discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding agencies. | YES  NO |  |  |
| 1. The candidate discusses **transport services** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to transport services. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each transport service. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the transport services discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding transport services. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the person in identifying options, networks and services that they want to access. |  |  |  |
| * + 1. The candidate asks the person to select the following to access based on the information presented to them: |  |  |  |
| 1. Resources | YES  NO |  |  |
| 1. Programs | YES  NO |  |  |
| 1. Aids | YES  NO |  |  |
| 1. Equipment | YES  NO |  |  |
| 1. Social networks based on shared interests | YES  NO |  |  |
| 1. Work networks | YES  NO |  |  |
| 1. Agencies | YES  NO |  |  |
| 1. Transport services | YES  NO |  |  |
| * + 1. The candidate records the choices of the person in the meeting minutes | YES  NO |  |  |

## **Person with Disability B**

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate accesses and reviews the person’s individualised plan. | YES  NO |  |  |
| 1. The candidate discusses **community resources** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community resources. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each resource. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community resources discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community resources. | YES  NO |  |  |
| 1. The candidate discusses **community programs** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community programs. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each program. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community programs discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community programs. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses **community aids** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community aids. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each aid. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community aids discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community aids. | YES  NO |  |  |
| 1. The candidate discusses **community equipment** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to community equipment. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each equipment. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the community equipment discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding community equipment. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses **social networks based on shared interests** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to social networks. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each social network. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the social networks discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding social networks. | YES  NO |  |  |
| 1. The candidate discusses **work networks** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to work networks. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each work network. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the work networks discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding work networks. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses **agencies** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to agencies. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each agency. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the agencies discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding agencies. | YES  NO |  |  |
| 1. The candidate discusses **transport services** with the person. |  |  |  |
| * + 1. The candidate discusses information they accessed related to transport services. | YES  NO |  |  |
| * + 1. The candidate discusses the interests, needs, abilities and preferences addressed by each transport service. | YES  NO |  |  |
| * + 1. The candidate asks the person if they understood the transport services discussed with them. | YES  NO |  |  |
| * + 1. The candidate answers the person’s questions regarding transport services. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the person in identifying options, networks and services that they want to access. |  |  |  |
| * + 1. The candidate asks the person to select the following to access based on the information presented to them: |  |  |  |
| 1. Resources | YES  NO |  |  |
| 1. Programs | YES  NO |  |  |
| 1. Aids | YES  NO |  |  |
| 1. Equipment | YES  NO |  |  |
| 1. Social networks based on shared interests | YES  NO |  |  |
| 1. Work networks | YES  NO |  |  |
| 1. Agencies | YES  NO |  |  |
| 1. Transport services | YES  NO |  |  |
| * + 1. The candidate records the choices of the person in the meeting minutes | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, provide community options that will meet the needs and preferences of two persons with disability.  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