# Workplace Assessment Task 5 – 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 5** 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 5.

## **Task Overview**

For this task, the candidate is required to meet with the two persons with disability to seek feedback.

The candidate must record the attendees’ feedback accurately, objectively and by using terms that can be clearly understood using their organisation’s template for recording feedback, or they may use the Feedback Form Template provided along with this workbook.

In this task, the candidate will be assessed on:

* Practical knowledge of the current and changing needs and preferences of PWDs
* Practical skills relevant to seeking feedback about support for the needs and preferences of persons with disabilities

## **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 feedback form.
* 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**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Workplace/organisation |  | |
| Workplace supervisor |  | |

|  |  |
| --- | --- |
| Resources required for the assessment | A disability support environment  Workplace supervisor  Two persons with disability  Persons involved in the care of the two persons with disability, including:  One family member  One carer  Two colleagues involved in the care of the person with disability  Two other persons that the person with disability identified as involved in their care  Organisational template for documenting feedback  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 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

**Note to the Assessor: The criteria below are based on the Feedback Form provided along with this workbook. If the candidate is using another template or form, the assessor must adapt or contextualise the criteria below to align with the template or form they will use for this task.**

## **Person With Disability A**

| **The candidate’s feedback form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records the details of the meeting (e.g. date, time, location) | YES  NO |  |
| 1. Records the name and role/involvement of the attendee in the care of the person with disability | YES  NO |  |
| 1. Records feedback regarding the **current needs** of the person with disability. | YES  NO |  |
| 1. Records feedback regarding whether the following support provided address the **current needs** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |
| 1. Records feedback regarding the **changing needs** of the person with disability. | YES  NO |  |

| **The candidate’s feedback form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records feedback regarding whether the following support provided will be able to address the **changing needs** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |
| 1. Records feedback regarding the **current preferences** of the person with disability. | YES  NO |  |
| 1. Records feedback regarding whether the following support provided address the **current preferences** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |

| **The candidate’s feedback form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records feedback regarding the **changing preferences** of the person with disability. | YES  NO |  |
| 1. Records feedback regarding whether the following support provided will be able to address the **changing preferences** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |

## **Person with Disability B**

| **The candidate’s feedback form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records the details of the meeting (e.g. date, time, location) | YES  NO |  |
| 1. Records the name and role/involvement of the attendee in the care of the person with disability | YES  NO |  |
| 1. Records feedback regarding the **current needs** of the person with disability. | YES  NO |  |
| 1. Records feedback regarding whether the following support provided address the **current needs** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |
| 1. Records feedback regarding the **changing needs** of the person with disability. | YES  NO |  |

| **The candidate’s feedback form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records feedback regarding whether the following support provided will be able to address the **changing needs** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |
| 1. Records feedback regarding the **current preferences** of the person with disability. | YES  NO |  |
| 1. Records feedback regarding whether the following support provided address the **current preferences** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |

| **The candidate’s feedback form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records feedback regarding the **changing preferences** of the person with disability. | YES  NO |  |
| 1. Records feedback regarding whether the following support provided will be able to address the **changing preferences** of the person with disability. |  |  |
| 1. Resources | YES  NO |  |
| 1. Programs | YES  NO |  |
| 1. Assistive technology aids | YES  NO |  |
| 1. Assistive technology equipment | YES  NO |  |
| 1. Social networks | YES  NO |  |
| 1. Work networks | YES  NO |  |
| 1. Agency services | YES  NO |  |
| 1. Transport services | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s feedback form submissions 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