# Workplace Assessment Task 5 – 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 5.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance 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.

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.
* 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 |  | |
| 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 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 asks all attendees for their feedback on the **current needs** of the person with disability. | YES  NO | |  |  |
| 1. The candidate asks all attendees for their feedback on 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. The candidate asks all attendees if they have observed any **changes in the needs** of the person with disability. | YES  NO | |  |  |
| 1. The candidate asks all attendees for their feedback on 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 |  |  |

| **During the meeting:** | **YES/NO** | | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- | --- |
| * + 1. Work networks | | YES  NO |  |  |
| * + 1. Agency services | | YES  NO |  |  |
| * + 1. Transport services | | YES  NO |  |  |
| 1. The candidate asks all attendees for their feedback on **the current preferences** of the person with disability. | | YES  NO |  |  |
| 1. The candidate asks all attendees for their feedback on 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 |  |  |
| 1. The candidate asks all attendees if they have observed any **changes in the preferences** of the person with disability. | | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- | --- |
| 1. The candidate asks all attendees for their feedback on 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 |  |  |
| 1. The candidate records the feedback from the attendees using their organisation’s feedback form template or the generic feedback form template included in the workbook.   Assessor to check the template used by the candidate:  Organisation’s feedback form template  Generic feedback form template | | YES  NO |  |  |

## **Person with Disability B**

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks all attendees for their feedback on the **current needs** of the person with disability. | YES  NO |  |  |
| 1. The candidate asks all attendees for their feedback on 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. The candidate asks all attendees if they have observed any **changes in the needs** of the person with disability. | YES  NO |  |  |
| 1. The candidate asks all attendees for their feedback on 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 |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * + 1. Work networks | YES  NO |  |  |
| * + 1. Agency services | YES  NO |  |  |
| * + 1. Transport services | YES  NO |  |  |
| 1. The candidate asks all attendees for their feedback on **the current preferences** of the person with disability. | YES  NO |  |  |
| 1. The candidate asks all attendees for their feedback on 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 |  |  |
| 1. The candidate asks all attendees if they have observed any **changes in the preferences** of the person with disability. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks all attendees for their feedback on 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 |  |  |
| 1. The candidate records the feedback from the attendees using their organisation’s feedback form template or the generic feedback form template included in the workbook.   Assessor to check the template used by the candidate:  Organisation’s feedback form template  Generic feedback form template | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, meet with the two persons with disability to seek feedback.  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