# Workplace Assessment Task 7 – 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 7** 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 7.

## **Task Overview**

For this task, the candidate is required to meet with their supervisor and two persons with disability to identify gaps and barriers in support. The candidate will be meeting each person with disability separately.

The candidate must record identified gaps in assistive technology needs and other gaps, barriers and solutions accurately, objectively and by using terms that can be clearly understood using their organisation’s template for reporting gaps, barriers and solutions, or they may use the Assistive Technology Report Form and Individualised Plan templates provided along with this workbook.

In this task, the candidate will be assessed on:

* Practical knowledge of barriers to community participation and social inclusion
* Practical skills relevant to collaborating with persons with disability to identify solutions to overcome barriers

## **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 assistive technology report forms and individualised plans.
* 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 |  | |
| The organisation’s policy and procedures for reporting gaps in assistive technology | Policy:  Assessor to specify the organisation's policy for hand washing here  Procedures:  Assessor to list the organisation's procedures for hand washing here | |

|  |  |
| --- | --- |
| Resources required for the assessment | A disability support environment  Two persons with disability  Workplace supervisor  Organisational template for documenting meeting minutes  Organisational template for reporting gaps in assistive technology  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

## **Person with Disability A**

### Assistive Technology Report Form

**TO THE ASSESSOR: The criteria below are based on the generic Assistive Technology Report 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.**

|  |  |  |
| --- | --- | --- |
| **The candidate’s assistive technology report form submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Records the candidate’s information (e.g. name, organisation, supervisor, reporting date). | YES  NO |  |
| 1. Records the client’s information. | YES  NO |  |
| 1. Records gaps in addressing assistive technology needs. | YES  NO |  |
| 1. Records assistive technologies involved in gaps. | YES  NO |  |
| 1. Records the candidate’s recommendations to address gaps. | YES  NO |  |

### Individualised Plan

**TO THE ASSESSOR: The criteria below are based on the generic Individualised Plan 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.**

|  |  |  |
| --- | --- | --- |
| **The candidate’s individualised submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Records the candidate’s information (e.g. name, organisation, supervisor, reporting date). | YES  NO |  |
| 1. Records the client’s information. | YES  NO |  |
| 1. Records gaps in support experienced by the client | YES  NO |  |
| 1. Records barriers in support experienced by the client | YES  NO |  |
| 1. Records solutions to address gaps, as discussed with the client and supervisor | YES  NO |  |
| 1. Records solutions to address barriers, as discussed with the client and supervisor | YES  NO |  |

## **Person with Disability B**

### Assistive Technology Report Form

**TO THE ASSESSOR: The criteria below are based on the generic Assistive Technology Report 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.**

|  |  |  |
| --- | --- | --- |
| **The candidate’s assistive technology report form submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Records the candidate’s information (e.g. name, organisation, supervisor, reporting date). | YES  NO |  |
| 1. Records the client’s information. | YES  NO |  |
| 1. Records gaps in addressing assistive technology needs. | YES  NO |  |
| 1. Records assistive technologies involved in gaps. | YES  NO |  |
| 1. Records the candidate’s recommendations to address gaps. | YES  NO |  |

### Individualised Plan

**TO THE ASSESSOR: The criteria below are based on the generic Individualised Plan 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.**

|  |  |  |
| --- | --- | --- |
| **The candidate’s individualised submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Records the candidate’s information (e.g. name, organisation, supervisor, reporting date). | YES  NO |  |
| 1. Records the client’s information. | YES  NO |  |
| 1. Records gaps in support experienced by the client | YES  NO |  |
| 1. Records barriers in support experienced by the client | YES  NO |  |
| 1. Records solutions to address gaps, as discussed with the client and supervisor | YES  NO |  |
| 1. Records solutions to address barriers, as discussed with the client and supervisor | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s assistive technology report form and individualised plan 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