# Workplace Assessment Task 7 – 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 7.**

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

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.
* 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  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. |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  Actual workplace setting  The organisation’s policy and procedures for reporting gaps in assistive technology  Template used  Others (please specify):  Summary:  Assessor to provide a summary of the contextualisation done here |

## **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

**TO THE ASSESSOR: Before the assessment, the criteria listed below must be contextualised further to reflect the candidate’s actual workplace setting and relevant organisational policies and procedures. Adapt or add more criteria below to ensure it reflects the candidate’s actual workplace setting and relevant organisational policies and procedures.**

## **Person with Disability A**

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate consults the person about gaps that they experience in relation to their assistive technology needs. |  |  |  |
| 1. The candidate asks the person about assistive technology needs that are not addressed. | YES  NO |  |  |
| 1. The candidate asks the person about the assistive technology involved in each need identified. | YES  NO |  |  |
| 1. The candidate recommends a solution to address the gap in assistive technology. | YES  NO |  |  |
| 1. The candidate reports the gaps in assistive technology according to organisational policies and procedures listed below.   **The assessor to contextualise the items below to the policies and procedures of the candidate’s organisation for reporting gaps in assistive technology needs.** |  |  |  |
| * 1. Policy 1: Support workers must document gaps reported by persons with disability. | YES  NO |  |  |
| * 1. Policy 2: Support workers must inform their supervisor of gaps reported by persons with disability. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Procedure 1: Fill out an assistive technology report form with details of the gaps identified by the person with disability. | YES  NO |  |  |
| * 1. Procedure 2: Provide a copy of the assistive technology report form to the workplace supervisor. | YES  NO |  |  |
| 1. The candidate records the identified gaps using the appropriate organisational template or the generic template in the workbook.   Template used: | YES  NO |  |  |
| 1. The candidate consults the person about areas where advocacy is required for their participation. |  |  |  |
| * + 1. The candidate explains how advocacy can help in the person’s participation. | YES  NO |  |  |
| * + 1. The candidate asks the person about areas where they will need advocacy. | YES  NO |  |  |
| * + 1. The candidate shares advocacies that may help the person based on what they shared.   **The assessor to record the advocacies shared by the candidate.**      *Add more fields as needed.* | YES  NO |  |  |
| * + 1. The candidate asks the person to confirm if the advocacies shared can help them participate in their community. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate asks the person about other gaps and barriers in support that they experience.   **The assessor to record the gaps and barriers shared by the person with disability.**      *Add more fields as needed.* | YES  NO |  |  |
| 1. The candidate discusses possible solutions to overcome barriers. |  |  |  |
| * + 1. The candidate discusses solutions that are based on the barriers identified by the person with disability. | YES  NO |  |  |
| * + 1. The candidate asks the person to share their own solutions to overcome barriers | YES  NO |  |  |
| * + 1. The candidate asks the person to confirm if they agree with the solutions discussed. | YES  NO |  |  |
| * + 1. The candidate asks their supervisor for their opinion on the discussed solutions. | YES  NO |  |  |
| 1. The candidate records the meeting using their organisation’s meeting minutes template or the generic meeting minutes template included in the workbook.   Assessor to check the template used by the candidate:  Organisation’s meeting minutes template  Generic meeting minutes template | YES  NO |  |  |

## **Person with Disability B**

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate consults the person about gaps that they experience in relation to their assistive technology needs. |  |  |  |
| 1. The candidate asks the person about assistive technology needs that are not addressed. | YES  NO |  |  |
| 1. The candidate asks the person about the assistive technology involved in each need identified. | YES  NO |  |  |
| 1. The candidate recommends a solution to address the gap in assistive technology. | YES  NO |  |  |
| 1. The candidate reports the gaps in assistive technology according to organisational policies and procedures listed below.   **The assessor to contextualise the items below to the policies and procedures of the candidate’s organisation for reporting gaps in assistive technology needs.** |  |  |  |
| 1. Policy 1: Support workers must document gaps reported by persons with disability. | YES  NO |  |  |
| 1. Policy 2: Support workers must inform their supervisor of gaps reported by persons with disability. | YES  NO |  |  |
| 1. Procedure 1: Fill out an assistive technology report form with details of the gaps identified by the person with disability. | YES  NO |  |  |
| 1. Procedure 2: Provide a copy of the assistive technology report form to the workplace supervisor. | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate records the identified gaps using the appropriate organisational template or the generic template in the workbook.   Template used: | YES  NO |  |  |
| 1. The candidate consults the person about areas where advocacy is required for their participation. |  |  |  |
| * + 1. The candidate explains how advocacy can help in the person’s participation. | YES  NO |  |  |
| * + 1. The candidate asks the person about areas where they will need advocacy. | YES  NO |  |  |
| * + 1. The candidate shares advocacies that may help the person based on what they shared.   **The assessor to record the advocacies shared by the candidate.**      *Add more fields as needed.* | YES  NO |  |  |
| * + 1. The candidate asks the person to confirm if the advocacies shared can help them participate in their community. | YES  NO |  |  |
| 1. The candidate asks the person about other gaps and barriers in support that they experience.   **The assessor to record the gaps and barriers shared by the person with disability.**      *Add more fields as needed.* | YES  NO |  |  |

| **During the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses possible solutions to overcome barriers. |  |  |  |
| * + 1. The candidate discusses solutions that are based on the barriers identified by the person with disability. | YES  NO |  |  |
| * + 1. The candidate asks the person to share their own solutions to overcome barriers | YES  NO |  |  |
| * + 1. The candidate asks the person to confirm if they agree with the solutions discussed. | YES  NO |  |  |
| * + 1. The candidate asks their supervisor for their opinion on the discussed solutions. | YES  NO |  |  |
| 1. The candidate records the meeting using their organisation’s meeting minutes template or the generic meeting minutes template included in the workbook.   Assessor to check the template used by the candidate:  Organisation’s meeting minutes template  Generic meeting minutes template | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, consult persons with disability to identify and overcome gaps and barriers.  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