# Workplace Assessment Task 8 – 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 8** 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 8.

## **Task Overview**

For this task, the candidate is required to support two persons with disability in addressing barriers.

The candidate must record the monitoring of strategies accurately, objectively and by using terms that can be clearly understood using their organisation’s template for strategy monitoring, or they may use the Strategy Monitoring Form Template provided along with this workbook.

In this task, the candidate will be assessed on:

* Practical knowledge of strategies to address barriers to community participation
* Practical skills relevant to implementing, monitoring, and seeking feedback on strategies 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 strategy monitoring 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**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| Workplace supervisor |  |
| Resources required for the assessment | A disability support environment  Two persons with disability  Copies of the individualised plans of the two persons with disability  Workplace supervisor  Organisational template for documenting meeting minutes  Organisational template for documenting strategy monitoring  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 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

**TO THE ASSESSOR: The criteria below are based on the generic Strategy Monitoring 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**

### Instance 1: Immediately after the implementation of strategies

|  |  |  |
| --- | --- | --- |
| **The candidate’s strategy monitoring 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 person with disability’s information. | YES  NO |  |
| 1. Records barriers in supporting the person with disability. | YES  NO |  |
| 1. Records strategies being implemented to address barriers in support. | YES  NO |  |
| 1. Records the candidate’s comments on the success of implemented strategies. | YES  NO |  |
| 1. Records adjustments made to facilitate the success of implemented strategies. | YES  NO |  |

### Instance 2: A short period of time after the implementation of strategies

|  |  |  |
| --- | --- | --- |
| **The candidate’s strategy monitoring 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 person with disability’s information. | YES  NO |  |
| 1. Records barriers in supporting the person with disability*.* | YES  NO |  |
| 1. Records strategies being implemented to address barriers in support. | YES  NO |  |
| 1. Records the candidate’s comments on the success of implemented strategies. | YES  NO |  |
| 1. Records adjustments made to facilitate the success of implemented strategies. | YES  NO |  |

## **Person with Disability B**

### Instance 1: Immediately after the implementation of strategies

|  |  |  |
| --- | --- | --- |
| **The candidate’s strategy monitoring 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 person with disability’s information. | YES  NO |  |
| 1. Records barriers in supporting the person with disability. | YES  NO |  |
| 1. Records strategies being implemented to address barriers in support. | YES  NO |  |
| 1. Records the candidate’s comments on the success of implemented strategies. | YES  NO |  |
| 1. Records adjustments made to facilitate the success of implemented strategies. | YES  NO |  |

### Instance 2: A short period of time after the implementation of strategies

|  |  |  |
| --- | --- | --- |
| **The candidate’s strategy monitoring 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 person with disability’s information. | YES  NO |  |
| 1. Records barriers in supporting the person with disability. | YES  NO |  |
| 1. Records strategies being implemented to address barriers in support. | YES  NO |  |
| 1. Records the candidate’s comments on the success of implemented strategies. | YES  NO |  |
| 1. Records adjustments made to facilitate the success of implemented strategies. | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s strategy monitoring 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