# Workplace Assessment 3.2 – 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 3.2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment 3.2.

## **Task Overview**

For this task, the candidate is required to carry out identified work tasks to support the individual.

In this task, the candidate will be assessed on:

* their practical skills relevant to complying with legal and human rights framework requirements relevant to disability support
* their practical skills relevant to cooperating with interdisciplinary team members
* their practical skills relevant to using person-centred communication techniques when carrying out support activities.

## **Instructions to the Assessor**

### Before the assessment

* Organise workplace resources required for 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 |  | |
| Resources required for the assessment | Facilities, equipment and resources that reflect real working conditions and model industry operating conditions and contingencies  Person A  Person B | |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  Legal framework requirements relevant to disability support  Human rights framework requirements relevant to disability support  Professional conduct requirements relevant to disability support (e.g. Codes of conduct, industry standards, etc.)  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

## **Part I. Person A**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate complies with all legal framework requirements relevant to disability support while carrying out all identified work tasks in Task 1.   Assessor to update the fields below to reflect the legal framework requirements that the candidate must comply. | | | |
| 1. The candidate prevents them from suffering any form of harm. | YES  NO |  |  |
| 1. The candidate reports any reasonable belief of abuse to the proper authorities. | YES  NO |  |  |
| 1. The candidate complies with all human rights framework requirements relevant to disability support while carrying out all identified work tasks in Task 1.   Assessor to update the fields below to reflect the human rights framework requirements that the candidate must comply. | | | |
| 1. The candidate respects their right to make decisions in matters directly affecting to them. | YES  NO |  |  |
| 1. The candidate respects their right to take part in activities within their community. | YES  NO |  |  |
| 1. The candidate complies with relevant code of conduct and industry standards requirements while carrying out all identified work tasks in Task 1.   Assessor to update the fields below to reflect the code of conduct and industry standards requirements that the candidate must comply. | | | |
| 1. The candidate asks them if they are doing anything culturally inappropriate. | YES  NO |  |  |
| 1. The candidate minimises risks to maintain health and safety. | YES  NO |  |  |
| 1. The candidate uses person-centred communication while carrying out all identified work tasks in Task 1. | | | |
| 1. The candidate asks the Person how they are feeling. | YES  NO |  |  |
| 1. The candidate highlights the strengths of the Person while carrying out work tasks by asking if they want help first before help is provided. | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candite allows the Person to make decisions for themselves instead of forcing them to do something (i.e. saying 'would you like to…' instead of 'you will…'). | YES  NO |  |  |
| 1. The candidate assures the Person that they will not be judged regardless of their decision. | YES  NO |  |  |
| 1. The candidate asks the Person if their needs are met in the task. | YES  NO |  |  |
| 1. The candidate asks the Person for their suggestions regarding the task. | YES  NO |  |  |
| 1. The candidate works with an interdisciplinary team member from Task 2 to provide support to the Person.   Assessor to specify the interdisciplinary team member the candidate will work with during the workplace assessment.  Interdisciplinary team member:  Assessor to update the list below to reflect the candidate’s responses in the Task 2 Supplementary Question. | | | |
| 1. Collect information about the person’s health and diet. | YES  NO |  |  |
| 1. Monitor the effects of pain medications to a person with disability | YES  NO |  |  |
| 1. The candidate monitors own stress level when working with the Person.   **Assessor to update the fields below to reflect the techniques that the candidate used to monitor their stress level.** | | | |
| 1. Calmly narrate what needs to be done at the moment to help oneself | YES  NO |  |  |
| 1. Focus on the goal of the activity/task | YES  NO |  |  |
| 1. Keep a record of stressful situations | YES  NO |  |  |
| 1. Rate levels of stress from one to ten | YES  NO |  |  |

## **Part II. Person B**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate complies with all legal framework requirements relevant to disability support while carrying out all identified work tasks in Task 1.   Assessor to update the fields below to reflect the legal framework requirements that the candidate must comply. | | | |
| 1. The candidate prevents them from suffering any form of harm. | YES  NO |  |  |
| 1. The candidate reports any reasonable belief of abuse to the proper authorities. | YES  NO |  |  |
| 1. The candidate complies with all human rights framework requirements relevant to disability support while carrying out all identified work tasks in Task 1.   Assessor to update the fields below to reflect the human rights framework requirements that the candidate must comply. | | | |
| 1. The candidate respects their right to make decisions in matters directly affecting to them. | YES  NO |  |  |
| 1. The candidate respects their right to take part in activities within their community. | YES  NO |  |  |
| 1. The candidate complies with relevant code of conduct and industry standards requirements while carrying out all identified work tasks in Task 1.   Assessor to update the fields below to reflect the code of conduct and industry standards requirements that the candidate must comply. | | | |
| 1. The candidate asks them if they are doing anything culturally inappropriate. | YES  NO |  |  |
| 1. The candidate minimises risks to maintain health and safety. | YES  NO |  |  |
| 1. The candidate uses person-centred communication while carrying out all identified work tasks in Task 1. | | | |
| 1. The candidate asks the Person how they are feeling. | YES  NO |  |  |
| 1. The candidate highlights the strengths of the Person while carrying out work tasks by asking if they want help first before help is provided. | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candite allows the Person to make decisions for themselves instead of forcing them to do something (i.e. saying 'would you like to…' instead of 'you will…'). | YES  NO |  |  |
| 1. The candidate assures the Person that they will not be judged regardless of their decision. | YES  NO |  |  |
| 1. The candidate asks the Person if their needs are met in the task. | YES  NO |  |  |
| 1. The candidate asks the Person for their suggestions regarding the task. | YES  NO |  |  |
| 1. The candidate works with an interdisciplinary team member from Task 2 to provide support to the Person.   Assessor to specify the interdisciplinary team member the candidate will work with during the workplace assessment.  Interdisciplinary team member:  Assessor to update the list below to reflect the candidate’s responses in the Task 2 Supplementary Question. | | | |
| 1. Collect information about the person’s health and diet. | YES  NO |  |  |
| 1. Monitor the effects of pain medications to a person with disability | YES  NO |  |  |
| 1. The candidate monitors own stress level when working with the Person.   **Assessor to update the fields below to reflect the techniques that the candidate used to monitor their stress level.** | | | |
| 1. Calmly narrate what needs to be done at the moment to help oneself | YES  NO |  |  |
| 1. Focus on the goal of the activity/task | YES  NO |  |  |
| 1. Keep a record of stressful situations | YES  NO |  |  |
| 1. Rate levels of stress from one to ten | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above:   * Comply with professional conduct requirements * Comply with legal and human rights framework requirements relevant to disability support work * Cooperate with interdisciplinary team members * Use person-centred communication techniques when carrying out work tasks * Monitor own stress level when working with people receiving support.   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