# Workplace Assessment 4 – 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 4.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment 4.

## **Task Overview**

For this task, the candidate is required to use self-care strategies to manage stress and seek support to relevant person according to organisational policies and procedures.

In this task, the candidate will be assessed on their practical knowledge and skills relevant to self-care strategies.

## **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  Relevant person who can provide support in managing stress level | |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  Organisational policies and procedures for seeking support  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

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 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 |  |  |
| 1. The candidate uses self-care strategies to manage stress.   For a satisfactory performance, the candidate must use at least two self-care strategies.  **Assessor to record the self-care strategies that the candidate used to manage their stress level.** |  |  |  |
| 1. Take allocated breaks at work | YES  NO |  |  |
| 1. Share feelings and/or frustrations with supervisor through proper consultations | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate seeks support to manage stress when supporting the individual according to organisational policies and procedures.   **Assessor to specify at least two policies and the procedures for each policy that the candidate followed when seeking support.**  Person they sought support from: Supervisor |  |  |  |
| 1. Policy 1: Seeking support before supporting the individual |  |  |  |
| 1. Discuss the details of the activity/task | YES  NO |  |  |
| 1. Ask questions regarding the the details of the task that are unclear to them | YES  NO |  |  |
| 1. Answer any questions that the supervisor has | YES  NO |  |  |
| 1. Policy 2: Seeking support after supporting the individual |  |  |  |
| 1. Discuss the stressful situations that they encountered | YES  NO |  |  |
| 1. Ask suggestions on how they can manage stress when providing support to people with disability | YES  NO |  |  |
| 1. Answer any questions that the supervisor has | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above:   * Monitor own stress level when working with people receiving support * Use self-care strategies and seek support according to organisational policies and procedures.   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