

**Highfield Level 4 End-Point Assessment for
ST0007 Lead Practitioner in Adult Care
Observation Plan Form**

Apprentice Name:	
Training Provider:	
Employer:	

Observation of Practice Plan

Chosen activity to be observed	
What is the purpose of the activity?	
What do you expect your activity to involve?	
What would you like to achieve from this activity?	
Which stakeholders are going to be involved?	

Employer Declaration

I confirm that the observation plan outlined above provides the apprentice with the opportunity to cover all criteria in the standard, applicable to the observation of practice.

Employer representative name:			
Employer signature:		Date:	

For Highfield Assessment use only:

Consideration	Yes	No*
Will the observation be based on a real-life improvement to their employer and service users?		
Will the observation involve observable interaction with internal and / or external stakeholders?		
Will the observation provide scope for appropriate coverage of the assessment criteria specified under the 'observation of practice' section of the EPA kit?		
Approved:	Yes/No	
Feedback:	*If no, please provide feedback here.	
Independent Assessor:		
Date of Approval		