

# Highfield Level 4 End-Point Assessment for ST0088

## Children, Young People and Families Practitioner

### Observation Plan Form

<b>Apprentice Name:</b>	
<b>Training Provider:</b>	
<b>Employer:</b>	

### Observation Plan

<b>Chosen activity to be observed</b>	
<b>Where will the activity take place?</b>	
<b>Who is involved?</b>	
<b>What are the aims and objectives for the activity?</b>	
<b>The date and time the activity will take place</b>	

### 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, and all appropriate safeguards and guidelines are in place for live interactions with children, young people and families.*

<b>Employer representative name:</b>			
<b>Employer signature:</b>		<b>Date:</b>	

For Highfield Assessment use only:

Consideration	Yes	No*
Will the observation provide a suitable workplace activity, based on real-life improvement to the apprentice's employer and the users of their services?		
Will the observation involve observable interaction with appropriate organisation staff (most likely to be internal staff)?		
Will the observation provide scope for appropriate coverage of the assessment criteria specified under the 'observation' section of the EPA kit?		
<b>Approved:</b>		
<b>Feedback:</b>	*If no, please provide feedback here.	
<b>Independent Assessor:</b>		
<b>Date of Approval</b>		