

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

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

**Observation of Practice Plan**

<b>Chosen activity to be observed</b>	
<b>What is the purpose of the activity?</b>	
<b>What do you expect your activity to involve?</b>	
<b>What would you like to achieve from this activity?</b>	
<b>Which stakeholders are going to be involved?</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 of practice.*

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

For Highfield Assessment use only:

<b>Consideration</b>	<b>Yes</b>	<b>No*</b>
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?		
<b>Approved:</b>	Yes/No	
<b>Feedback:</b>	*If no, please provide feedback here.	
<b>Independent Assessor:</b>		
<b>Date of Approval</b>		