

Highfield Level 4 End-Point Assessment for ST0088 Children, Young People and Families Practitioner Observation Plan Form

Apprentice Name:	
Training Provider:	
Employer:	

Observation Plan

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

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.

Employer representative name:			
Employer signature:		Date:	

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?		
Approved:		
Feedback:		
Independent Assessor:		
Date of Approval		