

Highfield Level 5 End-Point Assessment for ST0551 Early Years Lead Practitioner Observation Session Plan Form

Apprentice Name:	
Training Provider:	
Employer:	

Observation Session Plan

Chosen activity to be observed	
“What” opportunities and experiences will be supported (outline of learning focus)	
“Who” is involved (i.e., number of children/children’s profiles/parents/guardians/colleagues)	
“Why” these areas of focus for learning have been selected (i.e., how it provides the apprentice the opportunity to provide coverage of the KSBs)	

“When” it will occur (i.e., scheduled date/time)	
“How” the session will be supported (i.e., the probable skills and approaches that the apprentice will use to support and extend the children’s learning)	
“Where” it will begin (i.e., indoors/outdoors)	

Employer Declaration

I confirm that the observation session 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:	Yes/No		
Feedback:	*If no, please provide feedback here.		
Independent Assessor:			
Date of approval			