

**0922654B**

**CHILD PROTECTION OFFICER LEVEL 6**

**SW/CU/CR/05/6**

**Provide Psycho-social Support**

**July/August 2025**



**TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION  
COUNCIL (TVET CDACC)**

**PRACTICAL ASSESSMENT  
OBSERVATION CHECKLIST**

**INSTRUCTIONS TO ASSESSOR**

1. Assess the candidate as the practical progresses observing the critical areas
2. You are required to mark the practical as the candidate perform the tasks
3. You are required to take video clips at critical points
4. Ensure the candidate has a name tag and registration code at the back and front

## OBSERVATION CHECKLIST

|                                                                                                                                                                                                                           |                        |                       |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------|
| <b>Candidate's Name &amp; Registration Code</b>                                                                                                                                                                           |                        |                       |                 |
| <b>Assessors Name &amp; Registration Code</b>                                                                                                                                                                             |                        |                       |                 |
| <b>Venue of Assessment</b>                                                                                                                                                                                                |                        |                       |                 |
| <b>Date of Assessment</b>                                                                                                                                                                                                 |                        |                       |                 |
| <b>Items to be Evaluated:</b> <i>Please award marks as appropriate. Give a brief comment on your observation.</i>                                                                                                         | <b>Marks Available</b> | <b>Marks Obtained</b> | <b>Comments</b> |
| <b>TASK 1: Initial Intake and Assessment</b>                                                                                                                                                                              |                        |                       |                 |
| 1.Introduction <ul style="list-style-type: none"> <li>• Welcoming the client</li> <li>• Greeting the client</li> <li>• Introduce yourself</li> <li>• Goal setting</li> </ul> <i>(Award 1mark each correct item 1x4=4)</i> | 1<br>1<br>1<br>1       |                       |                 |
| 2. Client status <ul style="list-style-type: none"> <li>• Client needs/problems</li> <li>• Age</li> <li>• Address/background</li> <li>• school</li> </ul> <i>(Award 1 mark for each correct item 1x4=4)</i>               | 1<br>1<br>1<br>1       |                       |                 |
| 3. Noted behavioral cues <ul style="list-style-type: none"> <li>• signs of distress</li> <li>• social withdrawal</li> <li>• fear</li> <li>• emotional</li> </ul> <i>(Award 1 mark for each correct item 1x4=4)</i>        | 1<br>1<br>1<br>1       |                       |                 |

|                                                                                                                                      |           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 4. Confidentiality                                                                                                                   |           |  |  |
| <ul style="list-style-type: none"> <li>• Obtained consent from the parents for the assessment and sharing of information.</li> </ul> | 1         |  |  |
| <ul style="list-style-type: none"> <li>• Developed trust and confidentiality between you and client</li> </ul>                       | 1         |  |  |
| <ul style="list-style-type: none"> <li>• Formulated a consent form</li> </ul>                                                        | 1         |  |  |
| (Award 1 mark for each correct item 1x3=3)                                                                                           |           |  |  |
| <b>Sub-Total 1</b>                                                                                                                   | <b>15</b> |  |  |
| <b>TASK 2: Child Risk Assessment and Needs Identification</b>                                                                        |           |  |  |
| 1. Identification of potential threats                                                                                               |           |  |  |
| <ul style="list-style-type: none"> <li>• Mentally</li> </ul>                                                                         | 1         |  |  |
| <ul style="list-style-type: none"> <li>• Social risks</li> </ul>                                                                     | 1         |  |  |
| <ul style="list-style-type: none"> <li>• Emotional risks</li> </ul>                                                                  | 1         |  |  |
| <ul style="list-style-type: none"> <li>• Physical</li> </ul>                                                                         | 1         |  |  |
| (award 1 mark for each correct item 1x4)                                                                                             |           |  |  |
| 2. Intervention measures                                                                                                             |           |  |  |
| <ul style="list-style-type: none"> <li>• Changes in the client's behavior</li> </ul>                                                 | 2         |  |  |
| <ul style="list-style-type: none"> <li>• School attendance</li> </ul>                                                                | 2         |  |  |
| <ul style="list-style-type: none"> <li>• Academic performance</li> </ul>                                                             | 2         |  |  |
| <ul style="list-style-type: none"> <li>• Withdrawal symptoms</li> </ul>                                                              | 2         |  |  |
| (award 2 marks for each correct item 2x4=8)                                                                                          |           |  |  |
| <b>Sub-Total 2</b>                                                                                                                   | <b>12</b> |  |  |
| <b>TASK 3 Developed a Care Plan</b>                                                                                                  |           |  |  |
| 1. Provided alternative services                                                                                                     |           |  |  |
| <ul style="list-style-type: none"> <li>• Reintegration</li> </ul>                                                                    | 1         |  |  |
| <ul style="list-style-type: none"> <li>• Family counseling</li> </ul>                                                                | 1         |  |  |
| <ul style="list-style-type: none"> <li>• Psychosocial counseling</li> </ul>                                                          | 1         |  |  |
| <ul style="list-style-type: none"> <li>• School reintegration programs</li> </ul>                                                    | 1         |  |  |
|                                                                                                                                      | 1         |  |  |

|                                                                                                                                                                                                                                                                   |             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|
| <ul style="list-style-type: none"> <li>Rehabilitation</li> </ul> <p>(Award 1 mark for 5 correct item 1x5=5)</p>                                                                                                                                                   |             |  |  |
| <b>2. Monitored the progress</b> <ul style="list-style-type: none"> <li>Dates of appointments</li> <li>Outcomes of the services.</li> <li>Continues Contact with the client</li> </ul> <p>(Award 1 mark for each correct item 2x3=6Marks)</p>                     | 2<br>2<br>2 |  |  |
| Sub- Total 3                                                                                                                                                                                                                                                      | <b>11</b>   |  |  |
| <b>TASK 4 Referral and Follow-Up</b>                                                                                                                                                                                                                              |             |  |  |
| <b>1. Schedule formulated</b> <ul style="list-style-type: none"> <li>Create follow-Up Date.</li> <li>Person Responsible for Follow-Up.</li> <li>Take Notes from each follow-up me and progress</li> </ul> <p>(Award 2 marks for each correct item 2x3=6Marks)</p> | 2<br>2<br>2 |  |  |
| Sub- Total 4                                                                                                                                                                                                                                                      | <b>6</b>    |  |  |
| <b>TASK 5 Documented and Reported</b>                                                                                                                                                                                                                             |             |  |  |
| <b>1. Case documentation</b> <ul style="list-style-type: none"> <li>Prepare a final case report</li> <li>Filed the report</li> <li>Disseminated</li> </ul> <p>(Award 1 mark for each correct item 1x3=3)</p>                                                      | 1<br>1<br>1 |  |  |
| <b>2. Concluded and adjournment</b> <ul style="list-style-type: none"> <li>Thank the client</li> <li>Ended the session</li> <li>Client leaves at their own time</li> </ul> <p>(Award 1 mark for each correct item 1x3=3)</p>                                      | 1<br>1<br>1 |  |  |

|                                                                                                                                                                                                                                     |           |              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|--|
| Sub- Total 5                                                                                                                                                                                                                        | 6         |              |  |
| <b>GRAND TOTAL</b>                                                                                                                                                                                                                  | <b>50</b> |              |  |
| <b>ASSESSMENT OUTCOME</b>                                                                                                                                                                                                           |           |              |  |
| The candidate was found to be:<br>Competent <input type="checkbox"/> Not yet Competent <input type="checkbox"/><br><i>(Please tick as appropriate)</i><br><i>(The candidate is competent if the candidate obtains at least 50%)</i> |           |              |  |
| <b>Feedback from the Candidate:</b>                                                                                                                                                                                                 |           |              |  |
| <b>Feedback to the Candidate:</b>                                                                                                                                                                                                   |           |              |  |
| <b>Candidate Signature</b>                                                                                                                                                                                                          |           | <b>Date:</b> |  |
| _____                                                                                                                                                                                                                               |           | _____        |  |
| <b>Assessor's Signature</b>                                                                                                                                                                                                         |           | <b>Date</b>  |  |
| _____                                                                                                                                                                                                                               |           | _____        |  |

### MARKSHEET

| Unit Name (per OS)           | Unit Code (per OS) | Total Marks | Marks Awarded | Percentage (%) |
|------------------------------|--------------------|-------------|---------------|----------------|
| Provide Psychosocial Support | SW/OS/CP/CR/06/6/B | 50          |               |                |

**This is the last printed page!**