

ATTACHMENT I.3
OBSERVATION GUIDE CASE STUDY

OMB CONTROL NO.: 0584-XXXX
EXPIRATION DATE: 00/00/20XX

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING PROGRAM ACTIVITIES OBSERVATION GUIDE

Please use this guide when you are observing an assessment, training, education, work-based learning, case management meetings, or other program activities. Make a copy of this guide to use with each observation you conduct.

Date: _____ **Site visitor:** _____ **Location:** _____

Participant's first name: _____

Participant's case ID: _____

Purpose of meeting

Program intake or assessment or follow-up from assessment. Specify: _____

General career counseling or job search assistance (not specifically training-related).

Specify: _____

Training classes or services. Specify: _____

Other program activities or services. Specify: _____

Support or check-in for customer in training. Specify: _____

Placement assistance. Specify: _____

Follow-up service (for customer placed in employment). Specify: _____

Physical setting for the meeting (type of space, privacy, comfort, and so on)

Is the setting appropriate for the nature of the service (sufficient privacy and so on)? _____ Y/N

Why or why not? _____

