

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? \_\_\_\_\_



