

ATTACHMENT I.3  
OBSERVATION GUIDE CASE STUDY

OMB CONTROL NO.: 0584-0604  
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? \_\_\_\_\_

## Describe what occurs during the meeting

As you do, keep in mind the following questions for your notes:

Are any assessments discussed? Which ones? How are results presented and used?

Is there any discussion of an individual employment plan? Is the discussion about creating or modifying the plan?

Are referrals to other partners or community programs made? To which programs? How much assistance is provided with the referral (for example, is the customer simply given a name and address? Or does the counselor set up an appointment for the customer with the referral agency?)

Are supportive services discussed? Which types? Are funding amounts or limits discussed?

If the session involves selecting a training program or provider, what guidance or advice does the counselor provide? To what degree is customer choice honored? Are any agreements reached? What is the basis for those agreements (for example, information provided by staff or others)?

Is there any evidence that the customer wants to make a choice (that is, enroll in activities or select a training occupation or course or any particular vendor) with which the counselor disagrees? Vice versa? Is the disagreement resolved? If so, how?

Assess the extent of the relationship between the customer and the counselor. How comfortable with each other do they seem? Does the customer appear to trust the counselor?

Does the customer appear satisfied with the meeting? Does the customer seem to need or want additional assistance that is not being provided?

For training or education, describe who conducts it, its content and length, if clients seem engaged or to understand the concepts, the format, and if the environment seems appropriate (for example, is a classroom appropriate for content that might need hands-on demonstrations).

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Total length of the meeting or observation of activity: \_\_\_\_\_ minutes

What next steps were suggested to occur after the meeting?

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**Public Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0604. The time required to complete this information collection is estimated to average 60 minutes including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Support, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.