## Appendix E. Group activity observation guide

OMB No. 0584-[NEW]

Survey of Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Case Management

August 8, 2021

**Project Officer: Kristen Corey** 

Office of Policy Support Food and Nutrition Service U.S. Department of Agriculture 1320 Braddock Place Alexandria, VA 22314

## SURVEY OF SNAP E&T CASE MANAGEMENT GROUP ACTIVITY OBSERVATION GUIDE

Use this form when you are observing group activities. Use a different form for each group activity observation you are conducting.

## Introduction and consent

[Note to site visitor – At the beginning of the group activity, introduce yourself to the group, explain the purpose of the observation, and obtain verbal consent:]

My name is [NAME] and I am from a company called [Mathematica/SPR], which is a [describe organization]. We were hired by the Food and Nutrition Service at the U.S. Department of Agriculture to help conduct a study on SNAP E&T case management. With your verbal consent, we would like to observe this activity in order to create research findings that can help improve the program for future participants. We are not evaluating this activity, just observing it to learn more about available program services. We will not collect your name or any personal information about you during the observation. No information will be reported in any way that can identify you, except as otherwise required by law. Do you have any questions?

[Respond to any questions from the group.]

Do you consent to have me observe your meeting?

[*If any group member says no:*] Okay, thank you for your consideration. [*Site visitor should leave the activity space.*]

[*If yes:*] Great, thank you!

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-xxxx. The time required to complete this information collection is estimated to average 60 minutes per response, 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

| Da         | nte: Site visitor:  |
|------------|---|
| Sta        | art time: End time: Full activity observed: Y/N   |
| Sit        | te Name:  |
|            | rpose of activity:  |
| ∐ 5        | SNAP E&T Orientation. Specify:  |
|            | Assessment. Specify:  |
| [] (       | General career counseling/job search assistance (not specifically training related). Specify:                         |
| ] <b>v</b> | Work placement assistance (e.g., internship, community service). Specify:   |
|            | Training. Specify:  |
|            | Other. Specify:   |
|            |   |
|            |   |
| etc        | the setting appropriate for the nature of the activity (e.g., sufficient privacy, enough space, c.)? Y/N hy/why not?  |
| W          | ere there distractions during the activity (e.g., office noises, children present)? Y/N                               |
| No         | otes during the activity  |
| 1.         | How many participants are present?  |
| 2.         | Describe the participants (e.g., approximate ages, ethnicities, and gender) [Note: Do not include participant names.] |
|            |   |
|            |   |

| Describe the number and type of staff present (e.g., titles/roles)? |   |  |
|---|---|--|
|   | o the staff appear diverse and/or representative of the participant group? Y/N escribe: |  |
| Dε  | escribe the focus and content of the activity:  |  |
| •   | What is the goal of the activity?   |  |
| •   | What are participants and staff doing?  |  |
| •   | What topics are discussed?  |  |
| •   | What forms or tools are used? How?  |  |
|   |   |  |
|   |   |  |
| Dε  | escribe the structure of the activity.  |  |
| •   | Are staff presenting materials?   |  |
| •   | Are staff and participants interacting?   |  |
| •   | Is the activity self-initiated or guided?   |  |
| •   | Do participants work alone or in groups?  |  |
| •   | Did the activity start and stop on time?  |  |
| •   | Was there sufficient equipment or materials for the activity?                           |  |
| •   | Was attendance taken?   |  |

| -   |  |  |  |  |
|-----|--|--|--|--|
| -   |  |  |  |  |
| 7.  | Describe the interactions between participants and staff.  |  |  |  |
|     | • How engaged are participants with the staff?   |  |  |  |
|     | • Do staff appear competent, caring, positive, and respectful in their interactions with participants?   |  |  |  |
|     |  |  |  |  |
| 8.  | Describe the interactions of participants with each other.   |  |  |  |
|     |  |  |  |  |
| 9.  | How engaged do participants appear with the activity (e.g., are they focused on the tasks or talking amongst themselves, are they asking questions)? |  |  |  |
|     |  |  |  |  |
|     |  |  |  |  |
| 10. | Summarize the strengths and weaknesses of the activity you observed.   |  |  |  |
|     | • Is the activity well-structured and defined?   |  |  |  |
|     | • Do participants appear to understand the purpose of the activity?  |  |  |  |
|     | How satisfied with the activity do participants appear?  |  |  |  |
|     | • Is time allotted for questions and answers?  |  |  |  |

| • Is time allotted for small group work or individualization of tasks?   |  |  |  |  |  |
|--|--|--|--|--|--|
| Are staff respectful of participants?  |  |  |  |  |  |
| • Do staff make it clear what the next steps are for participants (if applicable)?   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| After the activity   |  |  |  |  |  |
| If possible, have a short debrief with the staff after the activity. Ask the staff about anything that happened during the activity that you did not completely understand (e.g. unfamiliar acronyms, unclear procedures that were discussed). Then ask: |  |  |  |  |  |
| <ul> <li>Were all the participants SNAP recipients or SNAP E&amp;T participants? If not, who<br/>were the other participants?</li> </ul>   |  |  |  |  |  |
| • Was this how the activity typically occurs? If not, what was different?  |  |  |  |  |  |
| <ul> <li>Was participation tracked or logged or was any additional information documented about<br/>participants who attended the activity?</li> </ul>   |  |  |  |  |  |
| • How were participant reimbursements handled for attending this activity (if applicable)?   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| Survey of SNAP E&T Case Management | OMB Number:<br>0584-XXXX<br>Expiration Date: XX/XX/XXXX |  |
|------------------------------------|---|--|
|                                    |   |  |
|                                    |   |  |
|                                    |   |  |
|                                    |   |  |
|                                    |   |  |
|                                    |   |  |
|                                    |   |  |