Appendix E. Group activity observation guide

OMB No. 0584-0665

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

June 25, 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. At the end of the group activity, provide your business card to participants.]

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. If you are uncomfortable at any time during the observation, please let us know and we will leave the room. If you decide you would no longer like to be observed, nothing will happen to any benefits you are receiving, and it will not affect your eligibility to participate in the program. 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 0584-0665. 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 (0584-0665). Do not return the completed form to this address.

Date:	Site visitor:	
Start time:	End time:	Full activity observed: Y/N
Site Name:		
Purpose of activi SNAP E&T Ori		
Assessment. Sp	ecify:	
General career of	counseling/job search ass	sistance (not specifically training related). Specify:
Work placemen	t assistance (e.g., interns	hip, community service). Specify:
Training. Speci	fy:	
Other. Specify:		
etc.)? Y/N		the activity (e.g., sufficient privacy, enough space,
Were there distrac	tions during the activity	(e.g., office noises, children present)? Y/N
Notes during the	activity	
1. How many pa	rticipants are present?	
2. Describe the p include partici		imate ages, ethnicities, and gender) [Note: Do not

	Oo the staff appear diverse and/or representative of the participant group? Y/N Describe:
	Describe 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?
	Describe 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?
•	

- 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:	
• Were all the participants SNAP recipients or SNAP E&T participants? If not, who were the other participants?	
• Was this how the activity typically occurs? If not, what was different?	
 Was participation tracked or logged or was any additional information documented participants who attended the activity? 	about
How were participant reimbursements handled for attending this activity (if applical)	ole)?
Additional notes	

Survey of SNAP E&T Case Management	OMB Number: 0584-0665 Expiration Date: 6/30/2024	