

Nutrition Assistant – WIC Program - Observations

Nutrition Assistant Name: _____

Date Completed: _____

Reviewer: _____ **Clinic:** _____ **Class/Individual (circle one)**

Directions: Record S (satisfactory) SN (satisfactory needs improvement), U (unsatisfactory), NA (not applicable)

Observation Criteria	S/SN/U/NA	Comments (if U, specify)
I. Communication Skills:		
1. Displayed respect for other cultures and used translator appropriately		
2. Treated person in courteous, respectful manner		
3. Asked open-ended questions		
4. Non-judgmental attitude		
5. Maintains direct/level eye contact		
6. Listens attentively w/out interruption		
7. Invited client to ask questions and encouraged participation		
II. Content:		
1. Explains purpose of NE contact		
2. Introduces self and topic		
3. Gave accurate information and appropriate materials		
4. Discussed 1 or 2 teaching pts from source document/articles		
5. Followed Outline		
6. Stays within allotted time		
7. Stayed within scope of practice and referred to CPA as needed		
8. Summarized Discussion		
Documentation: Documented secondary nutrition education contact appropriately		

The performance of the nutrition assistant during this observation has been discussed.

Signature/Title of Reviewer _____ Date: _____

Signature of Nutrition Assistant: _____ Date: _____