**Nutrition Observation Tool** Time Start \_\_\_\_\_\_\_\_\_ Time Finish \_\_\_\_\_\_\_\_

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| --- | --- |
| **PART I: COUNSELING SPACE** | **COMMENTS** |
| The office arrangement encourages and supports conversation? | Yes □No □Somewhat □ |  |
| Are there ways to keep children busy and engaged? | Yes □No □Somewhat □ |  |
| Does the Space ensure confidentiality? | Yes □No □Somewhat □ |  |
| **PART II: COUNSELING SKILLS** | **EXAMPLES**  |
| Opens conversation warmly | Opportunity to use skill □Used skill □Used skill well □ |  |
| Asks open ended questions | Opportunity to use skill □Used skill □Used skill well □ |  |
| Affirms  | Opportunity to use skill □Used skill □Used skill well □ |  |
| Uses reflections | Opportunity to use skill □Used skill □Used skill well □ |  |
| Probes to clarify information  | Opportunity to use skill □Used skill □Used skill well □ |  |
| Allows silence | Opportunity to use skill □Used skill □Used skill well □ |  |
| Asks Permission | Opportunity to use skill □Used skill □Used skill well □ |  |
| Explores what participant already knows | Opportunity to use skill □Used skill □Used skill well □ |  |
| Uses education tools (e.g. circle charts) effectively | Opportunity to use skill □Used skill □Used skill well □ |  |
| Summarizes | Opportunity to use skill □Used skill □Used skill well □ |  |
| Acknowledges participants autonomy | Opportunity to use skill □Used skill □Used skill well □ |  |

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| **PART III: OVERALL IMPRESSIONS** | **COMMENTS** |
| The session was tailored to participant’s questions and needs | Yes □No □Somewhat □ |  |
| Talk time was balanced | Yes □No □Somewhat □ |  |
| Nutrition education materials were incorporated into the session appropriately | Yes □No □Somewhat □ |  |
| Counselor focused on the participant and not on the computer  | Yes □No □Somewhat □ |  |
| Recognizes and supports the participants culture and how it may impact dietary health | Yes □No □Somewhat □ |  |
| Next Steps (goals) were predominantly guided by the participant (not chosen/assigned by CPA) | Yes □No □Somewhat □ |  |
| The counselor helped to increase confidence in the participant to help them meet the chosen goal | Yes □No □Somewhat □ |  |

Overall Impressions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long was the session: Total time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Too long, too short, just right? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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