

## LOCAL CUSTOMER SERVICE ASSESSMENT CHECKLIST

# Skills and Practices – Self Assessment for WIC Staff

Clinic Name \_\_\_\_\_ Date \_\_\_\_\_

### INSTRUCTIONS

For the following statements, please indicate if you disagree, are neutral (neither agree nor disagree), or agree.

Features/Indicators	Circle One			Notes
1. I am knowledgeable about WIC procedures and services.	Disagree	Neutral	Agree	
2. I am able to respond to questions and work with participants for a positive resolution.	Disagree	Neutral	Agree	
3. I am observed and receive feedback regularly.	Disagree	Neutral	Agree	
4. I have a good working relationship with my supervisor.	Disagree	Neutral	Agree	
5. I am provided training and educational opportunities.	Disagree	Neutral	Agree	
6. My coworkers and I communicate effectively and respectfully with each other.	Disagree	Neutral	Agree	
7. My coworkers and I display teamwork and support each other.	Disagree	Neutral	Agree	
8. My coworkers and I represent diverse racial, ethnic, and cultural backgrounds.	Disagree	Neutral	Agree	
9. There are systems of communication in place that keep me updated on policies and procedures.	Disagree	Neutral	Agree	
10. Staff meetings are held on a regular and scheduled basis.	Disagree	Neutral	Agree	
11. Feedback from staff and participants is collected and utilized for program improvements.	Disagree	Neutral	Agree	