

## Staffing and Supervision 18: Peer Counselor Performance Review

<b>Peer Counselor Performance Review</b>  <b>Date:</b> _____  <b>Peer Counselor:</b> _____	Performing Well	Improvement Needed	Not Applicable
<b>Basic Responsibilities</b>			
Contacts pregnant and breastfeeding participants according to contact guidelines			
Gives accurate breastfeeding assistance within the peer counselor’s scope of practice			
Makes timely referrals to the WIC Designated Breastfeeding Expert for situations outside the scope of practice according to “yield” protocols			
Treats mothers with respect and uses active listening skills			
Follows up on calls or texts from mothers within 24 hours			
Keeps client information confidential			
Follows up on client referrals from clinic staff			
Returns phone calls and text messages from mothers within 24 hours			
Attends peer counselor meetings/calls regularly			
Contacts supervisor when unable to attend a meeting			
Maintains ongoing communication with the supervisor			
Comments:			
<b>Other Activities</b>			
Teaches/facilitates breastfeeding classes/meetings			
Invites WIC participants to breastfeeding classes/meetings			
Makes hospital visits			
Provides clinic consultations			
Effectively integrates breastfeeding into the WIC clinic flow			
Follows agency policies regarding the use of texting and social media			
Promotes breastfeeding in the community			
Comments:			

## Staffing and Supervision 18: Peer Counselor Performance Review

<b>Paperwork Requirements</b>	<b>Performing Well</b>	<b>Improvement Needed</b>	<b>Not Applicable</b>
Keeps client records organized			
Documents client contacts properly and promptly			
Completes activity logs properly			
Turns in time sheets and activity logs at the specified time			
Turns in forms for closed clients promptly			
Keeps client records secure			
Comments:			

### Goals for the next period:

Goal #1	Action Plan:
Goal #2	Action Plan:
Goal #3	Action Plan:

## Staffing and Supervision 18: Peer Counselor Performance Review

**Supervisor comments:**

**Peer counselor comments:**

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Peer Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Confidentiality Agreement reviewed and signed: \_\_\_\_\_

Scope of Practice reviewed and signed: \_\_\_\_\_

Job Description reviewed and signed: \_\_\_\_\_

Adapted from a form used by the NE MN WIC Peer Program.