



## Association for Conflict Resolution

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### Advanced Practitioner Application Case Consultant Evaluation Form

Name of Applicant (please print): \_\_\_\_\_

Name of Consultant (please print): \_\_\_\_\_

Indicate your view of the applicant's apparent level of knowledge and/or skills regarding:

	Highest	to	Lowest	Insufficient information		
Ethics -----	5	4	3	2	1	0
Impartiality -----	5	4	3	2	1	0
Managing Clients -----	5	4	3	2	1	0
Dealing with high conflict -----	5	4	3	2	1	0
Thoroughness -----	5	4	3	2	1	0
Dealing with complex cases -----	5	4	3	2	1	0
Dealing with difficult cases -----	5	4	3	2	1	0
Writing Memo of Understanding ----	5	4	3	2	1	0
Legal knowledge -----	5	4	3	2	1	0
Child/family dynamics issues -----	5	4	3	2	1	0
Understanding domestic violence ----	5	4	3	2	1	0

What is your overall evaluation of the applicant's skills and knowledge of family mediation?

Highest

Lowest

5      4      3      2      1

What is your degree of certainty with respect to making these assessments? (Highest would indicate that you have a great deal of confidence in your evaluation. Lowest would mean that you believe you need more information.)

Highest

Lowest

5      4      3      2      1

Dates and hours of consultations: \_\_\_\_\_

Was this consultation concerning a specific case of the consultee or general issues?

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Submit this signed Advanced Practitioner Consultant Evaluation Form from each consultant in a sealed envelope. For more information, please contact the Member Concierge Center at 703.234.4141 or at [membership@ACRnet.org](mailto:membership@ACRnet.org).