**Assessment of Individual for**

**Potential LAB Facilitator Position**

**Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Organizational Unit where observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

My assessment of this individual relative to the following traits is: [please use this five-point scale)

1- strongly agree; 2-agree; 3-neutral; 4-disagree; 5-strongly disagree; NK-No Knowledge

This person

|  |  |
| --- | --- |
| * **Traits**
 | * **Assessment**
 |
| * **1**
 | * **2**
 | * **3**
 | * **4**
 | * **5**
 | * **NK**
 |
| 1. Is a superb people person
 |  |  |  |  |  |  |
| 1. Has high energy and would be able to survive 4 hours of facilitation
 |  |  |  |  |  |  |
| 1. Has had some facilitation experience
 |  |  |  |  |  |  |
| 1. Has experience as an ACS volunteer leader
 |  |  |  |  |  |  |
| * Please indicate area of experience
 |  |  |  |  |  |  |
| * + 1. Local Section in the role of:
 |  |  |  |  |  |  |
| * + 1. Divisions in the role of:
 |  |  |  |  |  |  |
| * + 1. Regional committees in the role of:
 |  |  |  |  |  |  |
| * + 1. National Committees in the role of:
 |  |  |  |  |  |  |
| 1. Has a good working knowledge of LDS courses
 |  |  |  |  |  |  |
| 1. Demonstrates a firm grounding in the following skills
 |  |  |  |  |  |  |
| * 1. Listening
 |  |  |  |  |  |  |
| * 1. Think on their feet
 |  |  |  |  |  |  |
| * 1. Consensus Building
 |  |  |  |  |  |  |
| * 1. Coaching and Guidance
 |  |  |  |  |  |  |
| * 1. Flexibility
 |  |  |  |  |  |  |
| * 1. Synthesize diverse opinions and thinking
 |  |  |  |  |  |  |
| 1. Has developed connections/networks throughout ACS
 |  |  |  |  |  |  |
| 1. Is able to handle disruptive behavior
 |  |  |  |  |  |  |
| 1. Would engage me as a participant
 |  |  |  |  |  |  |
| 1. Should be considered for a facilitator position
 |  |  |  |  |  |  |
| 1. Indicated an interest in being a facilitator
 |  |  |  |  |  |  |

* Please use the reverse side of this sheet to provide any written comments you believe would be helpful.

**Name/signature of evaluator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward this completed form to: Mark O’Brien, m\_obrien@acs.org