**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](mailto:m_obrien@acs.org)