

## CLIENT CONTACT OBSERVATION FORM

[APPLICANT: PLEASE CHECK SPECIALTY POPULATION(S) BELOW]

**This form must be completed by a person who can evaluate the applicant's interactions with and services to those victimized by crime.**

**Please read and follow these instructions:**

- Person completing this form **must have observed** the applicant's interactions and work performance as it relates to the provision of services by the advocate to those victimized by crime.
- The Client Contact Observation Form must be returned to the applicant for inclusion in the NACP application package.

**This applicant has declared a specialty in the area(s) marked below:**

**COMPREHENSIVE SERVICES** (Working in three (3) or more of the below-listed Specialty Areas)

**CHILD ABUSE**

**DOMESTIC VIOLENCE**

**DRUNK DRIVING**

**HOMICIDE**

**SEXUAL ASSAULT**

**CAMPUS ADVOCACY**

**PROGRAM MANAGEMENT**

Of those checked above, do you believe the applicant's training, skills, abilities and knowledge adequately prepares her/him to be considered a specialist in providing service to the population(s) selected?

**Yes**  **No**

**Please provide some specific points and comments to support your answer:**

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## CLIENT CONTACT OBSERVATION FORM

<b>CLIENT CONTACT OBSERVATION FORM</b>	<i>Based upon your observations of the applicant's interactions, please answer the following questions by circling yes or no and adding comments, if any, below each question.</i>			
	1. Was the applicant knowledgeable about the services, system, etc. and able to convey information accurately to the client?	YES	NO	
	2. Was the applicant able to use listening skills to ascertain the client's needs?	YES	NO	
	3. Was the applicant sensitive to the client's needs and concerns and able to convey that to the client?	YES	NO	
	4. Was the applicant able to provide the client with viable options that addressed the client's identified needs and concerns?	YES	NO	
	5. Was the applicant able to address questions the client posed and provide accurate answers or to obtain the answers if the advocate was unable to answer them?	YES	NO	
	6. Was the applicant able to provide timely case status information to the client in order to keep the client informed as the case progressed through the system, if applicable?	YES	NO	N/A
	7. Was the applicant able to document client contacts in a timely, objective manner?	YES	NO	
	8. Was the applicant able to remain objective and professional throughout the interaction?	YES	NO	
	9. Was the applicant able to remain calm and professional if conflict arose with the client?	YES	NO	

<b>CLIENT CONTACT OBSERVATION (CONTINUED)</b>	10. Was the applicant able to advocate in behalf of the client with other professionals? YES NO (prosecutors, judges, service providers, etc.)
	11. Was the applicant able to remain calm and professional if conflict arose with other professionals? YES NO
	12. If you have any additional comments about the interventions that you observed, please explain here:
<b>SUMMARY QUESTIONS</b>	<b><i>In summary, please answer this final question and add any additional comments.</i></b>
	Based upon your opinion, do the applicant's demonstrated skills and abilities qualify him or her for NACP credentialing? YES _____ NO _____ Please include an explanation below.
	NACP welcomes any additional comments you have about the applicant:

I have completed the above observation form and will return it to the applicant for inclusion in the NACP application packet.

OBSERVER'S NAME: \_\_\_\_\_  
Print Name
Date

SIGNATURE: \_\_\_\_\_