



**Confirmation of “Simulated” Supervised Practical Experience**

Associate Name and email:
Supervisor Name and email:

**Assessment of Skills at Conclusion of Internship**

**Exceptional:** (85 to 100%) *Student has demonstrated advanced mediation skills and portrays a high level of competency in most mediation principles and practices.*

**Appropriate:** (65 to 84%) *Student demonstrates standard and appropriate mediation skills and portrays a considerable understanding of most mediation principles and practices.*

**Needs Improvement:** (50 to 64 %) *Student demonstrates limited mediation skills and minimal understanding of mediation principles and practices*

**Below Standard:** (0 to 49%) *Student needs remedial attention to correct some core deficits*

SKILLS OBSERVED	<i>Below Standard</i>	<i>Needs Improvement</i>	<i>Appropriate</i>	<i>Exceptional</i>
Developed good rapport				
Ability to listen effectively				
Asked effective questions				
Recognized need for and responded appropriately to create an atmosphere of equity, diversity, and inclusion.				
Recognized the need for and implemented process design to assist the clients as needed?				
Provided information and appropriate referrals as needed throughout process.				
Managed expressions of emotions appropriately and respectfully to facilitate good communication.				

Provided opportunities for parties to be self-determining and helped parties to identify issues.				
Screened clients for suitability re: abuse, power imbalance, readiness for mediation and demonstrated on-going screening.				
Provided opportunity for balanced interactions between parties in an equitable way, intervening as necessary.				
Summarized issues and provided opportunity for good closure.				
Used impasse techniques (where necessary).				
Quality of Drafting (where observed).				
Legal Knowledge, or mediator awareness of gaps in knowledge with appropriate referral and follow up (where necessary).				
Facilitated with clear methods and processes.				
Professionalism, i.e., good client care & timely service.				

<b>Would you recommend this Associate for the next stage of Supervision?</b>		
YES	NO	N/A

**If NO, or N/A what steps would you recommend the applicant take to meet accreditation criteria or to move forward\*?**

\*Please feel free to contact OAFM directly at [director@oafm.on.ca](mailto:director@oafm.on.ca)

Number of hours completed under supervision simulated up to a maximum of 80 hours \_\_\_\_\_

**If the Associate Member is completing supervision with multiple supervisors, the supervisor will ask the member for any previous Confirmation.**

Date \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_