

## ACP FACILITATOR SELF-ASSESSMENT

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### Perceived Competency in Facilitating the Respecting Choices® ACP Conversation

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

You have recently completed a Respecting Choices® ACP certification. Please rate your perceptions **at this point in time** in facilitating the ACP conversation. Please check the appropriate Facilitator certification course that you have just completed.

**First Steps®**

**Next Steps™**

**Advanced Steps**

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1. On a scale from 1-10, I feel motivated to facilitate ACP conversations.

(Strongly Disagree)

(Strongly Agree)

1      2      3      4      5      6      7      8      9      10

2. On a scale from 1-10, I feel confident facilitating ACP conversations.

(Strongly Disagree)

(Strongly Agree)

1      2      3      4      5      6      7      8      9      10

3. On a scale from 1-10, I feel prepared to facilitate ACP conversations.

(Strongly Disagree)

(Strongly Agree)

1      2      3      4      5      6      7      8      9      10

4. On a scale from 1-10, I feel skilled in using general communication techniques to promote ACP conversations.

(Strongly Disagree)

(Strongly Agree)

1      2      3      4      5      6      7      8      9      10

5. On a scale from 1-10, I feel prepared to manage my own emotions, fears, or concerns when thinking about facilitating ACP conversations.

(Strongly Disagree)

(Strongly Agree)

1      2      3      4      5      6      7      8      9      10

**Additional comments:** Using words or brief phrases, please describe other emotions, fears, or concerns that you have about facilitating ACP conversations:

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*Thank you for your feedback!*