

## Evaluation from a Coworker or Colleague

Name of Applicant: \_\_\_\_\_

Type of Certification:     Direct Service/Systems Advocacy     Prevention     Dual (Direct Service and Prevention)

The person named above is applying for certification as a Domestic Violence Specialist. Please complete the answers as fully as possible. Please return completed form directly to the Delaware Coalition Against Domestic Violence. Please attach additional pages if necessary.

1. How long have you known the applicant? \_\_\_\_\_

2. Please describe the capacity in which you became familiar with the applicant.

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3. Please describe the applicant's ability to either a) provide direct services to victims, perpetrators, and/or family members affected by domestic violence; or b) provide prevention services/programming to the community. If the applicant, to your knowledge, has not had the opportunity to work in areas directly related to domestic violence, please comment on your perception about the applicant's potential for being able to work in a positive and empathetic manner.

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**Print Name**

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**Signature**

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

**MAIL/FAX DIRECTLY TO:**

Delaware Coalition Against Domestic Violence  
Training & Prevention Department  
100 W. 10<sup>th</sup> St., Suite 903  
Wilmington, DE 19801

FAX: 302-658-5049

You may also scan/email the form to  
[training@dcadv.org](mailto:training@dcadv.org).