

**Reference Form
for
Clinical Pastoral Education**

Candidate
Name _____ _____
Address _____ _____ _____
Phone () _____

Program applied for:
_____ Fall Extended Unit
_____ Spring Extended Unit

Reference Giver
Name _____ _____
Address _____ _____ _____
Phone () _____

<p><u>Please do not return this reference to the candidate but send it directly. <i>This will be kept strictly confidential.</i></u></p> <p>Return to: Dept. of Spiritual Care Greenwich Hospital 5 Perryridge Road Greenwich, CT 06830</p>

1. How long have you known the candidate, and in what capacity?

2. How do you evaluate the candidate:

a. In his/her potential for pastoral effectiveness?

b. In his/her personal commitment to learning?

c. In his/her maturity of faith and depth of spiritual development?

3. If you were hospitalized, how would you feel about him/her visiting you?

4. Please evaluate the candidate on the following scale.

	Excellent	Very Good	Good	Weak	Very Weak
Intellectual Ability					
General Knowledge					
Job Perseverance					
Emotional Maturity					
Creativity					
Pastoral Effectiveness					
Interpersonal Communication					

5. Please elaborate on any of the above.

6. What do you think of his/her plan to do clinical pastoral education?

7. Additional remarks and comments.

Signature _____ Date: