**Griffin Hospital**

**Reference Form for Clinical Pastoral Education**

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| --- | --- |
| **CPE Applicant**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Reference Giver**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Program applied for:**Extended Unit \_\_\_\_ orSummer Unit \_\_\_\_Dates of unit (if known) \_\_\_\_\_\_\_\_ | This information will be kept strictly confidential.*Please do not return this reference to the candidate but send it directly to:* **Rev. Eric Jeuland** **ejeuland@griffinhealth.org****Rev. Debra Slade debra.Slade@gmail.com** |

1. How long have you known the candidate, and in what capacity?
2. How do you evaluate the candidate’s:

 a. potential for pastoral effectiveness?

* 1. personal commitment to learning?
	2. maturity of faith and depth of spiritual development?

1. If you were hospitalized, incarcerated, or in the community and seeking spiritual care how would you feel about the candidate visiting you?
2. 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 |  |  |  |  |  |
| InterpersonalCommunication |  |  |  |  |  |

 5. Please elaborate on any of the above.

 6. What do you think of the candidate’s plan to do Clinical Pastoral Education?

 (Motivation, attitude, readiness for CPE, etc.)

1. Additional remarks, comments or concerns.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_