



Association for Clinical Pastoral Education Inc.



## REFERENCE FORM for Units of Clinical Pastoral Education

### **Applicant's Information:**

Name:

Address:

Phone:

Email:

### **Reference Giver's Information:**

Name:

Address:

Relation to Applicant:

Position:

Phone:

Email:

Do you recommend this person (Please **BOLD** response)

Yes, without hesitation | Yes, with hesitation or concerns | No, I do not recommend this person

*Dear Reference Provider,*

*The applicant is applying to participate in Clinical Pastoral Education which will help him/her to develop skills to help people in crisis. This experiential learning program emphasizes pastoral skill-building, the formation of a pastoral identity, and the articulation of a theology that emerges out of encounters with suffering and combines clinical work with patients with supervision and mentorship and work on interpersonal skills.*

*We ask that you respond as candidly as possible. If you are recommending the person with or without hesitation: this information will help us to evaluate the learning needs of the student in order to be as helpful as possible to him/her in the educational process. Thank you.*

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

**2. Please evaluate the candidate on:**

(4: Very strong, 3: Strong, 2: Average, 1: Needs Work [**Bold** your selection please]; Comments welcome:  
What strengths does she/he need to develop in this area?)

Intellectual ability/ General knowledge : 4 3 2 1  
Comments:

Common Sense : 4 3 2 1  
Comments:

Job perseverance : 4 3 2 1  
Comments:

Emotional Intelligence : 4 3 2 1  
Comments:

Ability to listen: 4 3 2 1  
Comments:

Ability to problem solve under stress : 4 3 2 1  
Comments:

Ability to handle conflict and stress: 4 3 2 1  
Comments:

**3. How would you describe the candidate in the following areas according to your experience of him/her? (Please be as specific as possible, use examples)**

**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?**

(of faith and depth of spiritual development [2])

(of faith and depth of spiritual development [1])

**4. In your experience, how does this person respond to others who are experiencing times of difficulty or challenge?**

**5. Comment on the applicant's demonstrated motivation, attitude, and readiness for an intensive experiential learning program.**

**6. What advice would you give this person at this point in his/her education/career that you feel would be most helpful or needed?**

**7. If you were hospitalized or in a personal crisis, how would you feel about a pastoral visit from this applicant?**

**8. This is a multi-faith program in which the applicant will learn together with students and serve patients from a variety of faith traditions: How would you describe the applicant's knowledge and respect for other faiths and traditions as well as his/her sensitivity to cultural diversity?**

**9. What else should we know about this person that will help us understand and work with him/her better to be most helpful?**

Typed Signature: \_\_\_\_\_

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

By sending in this application electronically it constitutes my electronic signature

\*\*\*\*\*This reference will be kept strictly confidential\*\*\*\*\*