

Reference Form for Clinical Pastoral Education

CPE Applicant

Name: _____

Address: _____

Phone:() _____

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Program applying for:

_____ Summer CPE

_____ Extended Unit

_____ Residency CPE (Fall to Spring)

Reference

Name: _____

Address: _____

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This information will be kept strictly confidential.

Please do not return this reference to the candidate but send it directly to:

Sister Sara-Ann Buckley, SNDdeN, M.Div
Coordinator of Clinical Pastoral Education
Department of Spiritual Care
Bridgeport Hospital
267 Grant Street
Bridgeport, Connecticut 06610

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

7. Additional remarks, comments or concerns.

Signature: _____ Date: _____