**Reference Form for Clinical Pastoral Education**

|  |  |
| --- | --- |
| **CPE Applicant**  Name: Click here to enter text.  Address: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. | **Reference**  Name: Click here to enter text.  Address: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text.  Position: Click here to enter text. |
| Program applied for:  Fall Super-Extended Unit (2022)  Summer Unit (2023)  Fall Extended Unit (2023)  Winter/Spring Extended Unit (2023) | This information will be kept confidential.  *Please do not return this reference to the candidate, but send it directly to:*  Beth Israel Deaconess Medical Center  Spiritual Care & Education  330 Brookline Ave.  Boston, MA 02215 |

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

Click here to enter text.

1. **How do you evaluate the candidate:**
   1. **In pastoral effectiveness?**

Click here to enter text.

* 1. **In personal commitment to learning?**

Click here to enter text.

* 1. **In maturity of faith and depth of spiritual development?**

Click here to enter text.

1. **If you were hospitalized, how would you feel about the candidate visiting you?**

Click here to enter text.

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

**(motivation, attitude, readiness, etc.)**

Click here to enter text.

1. **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 |  |  |  |  |  |