

## Reference Form for Units of Clinical Pastoral Education

Please complete and submit this form to infocpe@jtsa.edu.

APPLICANT INFORMATION				
Last name:	Fir	rst name:		M.I.
Address:				
City:	St	ate/Prov.:	ZIP/P	ostal code:
Home phone: ( )	Cell phone:	)	Email:	
REFERENCE GIVER'S INFORMATION				
Name:				
Address:				
City:	St	ate:	ZIP:	
Phone:	Er	mail:		
Do you recommend this person?	vithout hesitation Yes, with	n hesitation or concerns	No, I do not recommend	d this person
Dear Reference Provider,				
The applicant is applying to participate in program emphasizes pastoral skill-building combines clinical work with patients with s	, the formation of a pastoral identity,	, and the articulation of a		
We ask that you respond as candidly as po learning needs of the student in order to be		•	•	o us to evaluate the
REFERENCE INFORMATION				
1. How long have you known the candidate,	and in what capacity?			



Comments:	☐ Very strong	Strong	Average	□ Needs work
Common Sense: Comments:	☐ Very strong	Strong	Average	☐ Needs work
Job perseverance:  Comments:	☐ Very strong	Strong	Average	☐ Needs work
Emotional Intelligence: Comments:	☐ Very strong	Strong	Average	☐ Needs work
Ability to listen:  Comments:	☐ Very strong	Strong	Average	☐ Needs work
Ability to problem solve under stress:  Comments:	☐ Very strong	Strong	Average	☐ Needs work



I. 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.	
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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?	
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8. This is a multifaith 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 w	th him/her better to be most helpfu	ıl?
REFERENCE GIVER'S SIGNATURE			
Typed Signature:		Date :	
By sending in this application electronically it constitute	es my electronic signature		Please download, complete,
	and email this form to infocpe@jtsa.edu.		