



Reference Form for Units of Clinical Pastoral Education

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

APPLICANT INFORMATION

Last name:	First name:	M.I.
Address:		
City:	State/Prov.:	ZIP/Postal code:
Home phone: ()	Cell phone: ()	Email:

REFERENCE GIVER'S INFORMATION

Name:		
Address:		
City:	State:	ZIP:
Phone:	Email:	

Do you recommend this person? 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.

REFERENCE INFORMATION

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

2. Please evaluate the candidate on (Comments welcome: What strengths does she/he need to develop in this area?):

Intellectual ability/General knowledge: Very strong Strong Average Needs work

Comments:

Common Sense: Very strong Strong Average Needs work

Comments:

Job perseverance: Very strong Strong Average Needs work

Comments:

Emotional Intelligence: Very strong Strong Average Needs work

Comments:

Ability to listen: Very strong Strong Average Needs work

Comments:

Ability to problem solve under stress: Very strong Strong Average Needs work

Comments:

Ability to handle conflict and stress: Very strong Strong Average Needs work

Comments:

3. How would you describe the candidate in the following areas according to your experience with 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?

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 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 with him/her better to be most helpful?

REFERENCE GIVER'S SIGNATURE

Typed Signature:

Date :

By sending in this application electronically it constitutes my electronic signature

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

Please download, complete,
and email this form to
infocpe@jtsa.edu.