

PSYCHOLOGICAL/PSYCHIATRIC EVALUATION

To the Right Reverend _____, Bishop of California

Name of Applicant: _____

Date and Length of Examination: _____

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the applicant for the ordained ministry of the Church?

Yes _____ No _____

2. Are there any signs in the present behavior of the applicant that suggest that, in your opinion, this person may become ill under the pressure of clergy life?

Yes _____ No _____

3. What is your impression of the applicant's ability to respond adequately and appropriately to the emotional demands placed upon him or her by the work of the ordained ministry?

Good _____ Fair _____ Doubtful _____ Poor _____
No Comment _____

4. What is your impression of the likelihood of the applicant's becoming unstable or dysfunctional as a result of nervous strain engendered by the role of the ordained minister?

Unlikely _____ Likely _____ Probably _____ No Comment _____

Signature of Examiner _____
Address _____
Telephone Number _____
Date _____

(A complete evaluation should accompany this summary form.)

Please return directly to the Vocations Office, 1055 Taylor Street, San Francisco, CA 94108