

## The ACPE Program

## REFERENCE FORM

Applicant's Information: (Please type or print)  Name Address  Phone E-mail Application For:  The Summer Unit (Full-time)  The Extended Unit (Part-Time)  The 12-Month Residency Program (Full-time)	Reference Giver's Information:  Name Address  Relation to Applicant  Position  Phone  E-mail				
Do you recommend this person:  Yes, without hesitation  Yes, with hesitation or concerns  No, I do not recommend this person  Dear Reference Provider, We ask that you respond as candidly as possible. If you are recommending the person with or without hesitation, we will use the information to help us evaluate the learning need of the student in order to be as helpful as possible to him/her in the educational process. Thank you have you known the candidate, and in what capacity?					
<ul> <li>2. How would you say the candidate needs to grow in the following areas according to your experience of him/her? (Please be as specific as possible, use examples)</li> <li>a. in his/her potential for pastoral effectiveness?</li> </ul>					
b. in his/her personal commitment to learning?					

c. in his/her maturity of faith and depth of spiritual development?

4. Please evaluate the candidate on:	Very Strong	Strong	Average	Needs Work	What strengths does this applicanneed to develop in this area?
Intellectual ability/ General knowledge					
Common sense					
Job perseverance					
<b>Emotional Intelligence</b>					
Ability to listen attentively					
Ability to problem solve under stress					
Ability to handle conflict and stress					
experiential learning progra 6. What advice would you you feel would be most help	give this p		his point in	his/her ed	lucational/career journey that
7. What else should we kno him/her better to be most h		his persor	n that will h	elp us to t	understand and work with
Signature			Da	nte	
Please return this form to the You may also return it dire		Karen Bo Registrar NYPH/W 525 East	erdecia r, Clinical Pa VC 68 <sup>th</sup> Street, I	storal Edu	_
Telephone: (212)746-0	5971		k, NY 10065 2) <i>746-8890</i>		E-mail:kab9033@nyp.org

3. In your experience, how does this person respond to others who are experiencing times of

difficulty or challenge?