**Pastor/Religious Superior
Assessment of Applicant**

**Diocese of Joliet**

In partnership with Franciscan University
of Steubenville School of Spiritual Direction

**School of Spiritual Direction**

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Applicant’s name

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well do you know the applicant? (CHECK ONE) **5.Very Well 5 Somewhat 5.Hardly at all**

How long has the applicant been a member of your parish or religious order? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Share your perceptions of the applicant’s faith life, participation in the sacraments, and prayer life.

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Share your perceptions of (1) the applicant’s understanding of who God is and (2) the applicant’s views of Church teaching.

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Please describe the applicant’s level of involvement in the parish or religious community. Specify the activities and length of involvement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How would you rate the applicant on the following traits? (Circle 1 answer for each category).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Honesty/Integrity** | Above Average | Average | Below Average | Don’t Know |
| **Reliability** | Above Average | Average | Below Average | Don’t Know |
| **Ability to Listen** | Above Average | Average | Below Average | Don’t Know |
| **Human Relations Skills** | Above Average | Average | Below Average | Don’t Know |
| **Intelligence** | Above Average | Average | Below Average | Don’t Know |
| **Speaking Skills** | Above Average | Average | Below Average | Don’t Know |
| **Moral Values** | Above Average | Average | Below Average | Don’t Know |
| **Faithfulness to Practicing the Catholic Faith** | Above Average | Average | Below Average | Don’t Know |
| **Confidentiality** | Above Average | Average | Below Average | Don’t Know |
| **Ability to Handle Life Situations** | Above Average | Average | Below Average | Don’t Know |

Please describe the applicant’s psychological stability . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why do you think the applicant desires to become a spiritual director? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please comment on the applicant’s ability to listen to another’s story and ask questions. \_\_\_\_\_\_\_\_\_\_\_

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To the best of your knowledge, does the applicant have any history of alcohol/drug abuse, spouse or child abuse, allegations of sexual misconduct involving minors, accusations of crime, indictments, arrests, convictions, or mental illness? (Check one) **5.Yes 5 No** If yes, please describe.

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What additional comments would you like to make about this candidate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Considering all you know about the applicant’s personal character, family life, and motivation for becoming a spiritual director, what is your overall evaluation of the candidate?

|  |  |
| --- | --- |
| **5** | The applicant is a top-notch candidate. |
| **5** | The applicant is a very good candidate. |
| **5** | The applicant is an acceptable candidate. |
| **5** | I have reservations about the applicant being a spiritual director. (On the lines below, explain why you have reservations. |
| **5** | I would not recommend the applicant. Explain your reason(s) on the lines below). |

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Submitted on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Applicant’s Name**

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMIT THIS REFERENCE FORM NO LATER THAN MARCH 1, 2027 BY

 **U.S. MAIL TO:**
 Blanchette Catholic Center
 Office of Catechetical Formation/SSD
 16555 Weber Rd.
 Crest Hill, IL 60403

 **OR EMAIL** WITH A SCANNED COPY TO:

 SSD@dioceseofjoliet.org

 For questions and assistance, please call 815-221-6147.