

## Recommendation Form: (Form 2001)

A Standard Form Developed for the UMC Division of Ordained Ministry  
by the Advisory Committee on Psychological Assessment

### Instructions to the Evaluator

*Please print all three sheets. Answer the Rating Form (Part A) and the Evaluator's Comments (Part B).*

The applicant for candidacy whose name appears on these sheets is applying for entrance into the ordained ministry of The United Methodist Church. The applicant has asked that you be one of several persons to evaluate him/her in this regard. Your response is needed. The material will be used in the screening and nurture of the candidate as it relates to the Annual Conference of the UMC.

Remember that an evaluation containing only positive ratings is one-sided and therefore of little value to **either the candidate or those working with her/him**. Possible statements about a candidate are much more believable when the evaluator has been honest enough to include areas of concern or limitations as well as strengths.

The candidate has signed a statement authorizing the release of information from this form to the Annual Conference Ministerial Assessment Specialist. The candidate has waived access to this **reference form**.

The information you provide will be received, reviewed, and retained by the Ministerial Assessment Specialist only. Your ratings and pertinent comments will be combined with the reports from other evaluators and made available to the reviewing committee without identifying you as an individual evaluator. The applicant will not have access to this original recommendation form.

Please print all three sheets. Answer the Rating Form (Part A) and the Evaluator's Comments (Part B).

*Please complete both sheets, sign, and mail them to:*

Ministerial Assessment Specialist  
Ministry Development Services  
6100 Sardis Road (Sardis House)  
Charlotte NC 28270

*If you have any questions about this process you may contact*

Ministry Development Services  
704-554-9222  
FAX: 704-307-4607  
[mds@presbypsych.org](mailto:mds@presbypsych.org)



## Evaluator's Comments (Form 2001, Part B)

Candidate's Name: \_\_\_\_\_

A. Please list five STRENGTHS this person brings (or could bring) to the ministry.

- 1.
- 2.
- 3.
- 4.
- 5.

B. Please list five AREAS OF CONCERN or AREAS OF NEEDED GROWTH that should be addressed to enhance this person's personal and/or professional effectiveness in the ministry.

- 1.
- 2.
- 3.
- 4.
- 5.

C. Comment specifically on this person's ABILITY TO COMMUNICATE:

1. Personally with individuals
  
2. In social and group situations

D. Please list any questions or concerns you have about this applicant's fitness for ministry.

E. Other comments and observations. (use additional sheets if needed)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_  
street! P.O. Box City State ZIP