#### 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

## Rating Form (Form 2001, Part A)

Candidate's Name						Phone									
Evaluator's Name						Phone									
		known the cand						] O	the	r:					
Extent of your From	_	the time of your									' [	]Infrequently			
candidate?	If you have h	ons you have nad no opport " circle at the	unity to obse												
1. A rare find, Truly superior, Exceptional, unusual; in the top 5%.	2. First class, eminently good, very valuable, much above average.	3. Much better than the norm or the usual; recognizable quality; better than what is usually seen.	Slightly above average; somewhat better than most others;	most oth the norm what is common seen or	Average; Like most others, he norm; what is commonly			6. Below or less than the norm or what is most often seen; less than what is commonly expected.				7. Much below average; noticeably lacking; inferior quality, inadequate.			
Overall rating of General PERSONAL CHARACTERISTICS:  1. Integrity, ethics, and morality -character  2. Energy level, stamina, persistence  3. Motivation to pursue a task to completion  4. Reliability and promptness with assignments  5. Personal appearance appropriate to settings  6. Reputation (what others think of the candidate)  7. Family relationships (parents, spouse, children)  8. Management of personal (family) finances  9. Handles stressful situations appropriately					1 0 0 0 0 0 0 0 0 0 0	0	3 0 0 0 0 0 0 0 0	0 0 0 0 0 0	5 0 0 0 0 0 0 0 0	6 0 0 0 0 0 0 0 0	7 0 0 0 0 0 0 0 0 0	Don't know			
Overall rating of 10. Ability to work 11. Ability to orga 12. Ability to work 13. Ability to adap 14. Ability to lear 15. Ability to exprise Ability to exprise Ability to access 18. Other (fill in)		1 0 0 0 0 0 0 0 0 0 0	0 0 0	0	0 0 0 0 0 0 0	0 0 0 0	0 0 0 0 0 0 0	7 0 0 0 0 0 0 0 0 0	Don't know 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Overall rating of 19. Spirituality: H 20. Care: how we 21. Evangelism: 22. Leadership: h 23. Preaching an	POTENTIAL FO ow well do you the ell does this person how well does the does the does the deaching: Inter	OR EFFECTIVE Notes that this person less of demonstrate could be person share factories person inspire a resting and informations this person cope	MINISTRY: knows God? concern for others aith? and motivate othe ative?	ers?	1 0 0 0 0 0 0 0	2 0 0	3 0 0 0 0 0 0 0	4 0 0 0 0 0 0 0 0	5 0 0 0 0 0 0 0	6 0 0 0 0 0 0 0	7 0 0 0 0 0 0 0	Don't know			

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

Address:street! P.0. Box City State	E-mail
Signed:	Date:
E. Other comments and observations. (use additional sheets if	needed)
D. Please list any questions or concerns you have about this a	pplicant's fitness for ministry.
2. In social and group situations	
Personally with individuals	
C. Comment specifically on this person's ABILITY TO COMML	JNICATE:
5.	
4.	
<ul><li>2.</li><li>3.</li></ul>	
1.	
B. Please list five AREAS OF CONCERN or AREAS OF NEED enhance this person's personal and/or professional effectivene	
5.	
4.	
3.	
2.	
1.	
A. Please list five STRENGTHS this person brings (or could be	oring) to the ministry.
Candidate's Name:	