



The Episcopal Diocese of Kansas

Evaluation Summary

from the psychiatrist or clinical psychologist
for ordinations in the Episcopal Church

To the Right Reverend Dean E. Wolfe, Ninth Bishop of the Episcopal Diocese of Kansas:

Name of applicant: _____

Date and length of examinations: _____

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

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

Signature of Examiner (M.D. or Ph.D.)

Date

Phone Number

Fax Number

Address

E-mail address