



**Psychological Evaluation
Form H**

Required under the Canons of the Episcopal Church, Title III, Canon 4

To: Holy Orders File
The Episcopal Diocese of Minnesota
1101 W. Broadway Avenue
Minneapolis, MN 55411

Name of Person: _____

Date of Examination: _____

Name of Psychologist/Examiner: _____

Signature: _____

Address: _____

City/State/ZIP: _____

Telephones (including Area Code): _____

Note to Psychologist: Please attach narrative to this form, responding to the following questions/concerns.

1. Does the person possess sufficient intellectual ability to be able to deal with the academic work required and to apply the knowledge gained?
2. Do the person's work interests appear to coincide with the work of Holy Orders?
3. Does the person possess capacity for close and satisfactory human relations, as would be required for the work of Holy Orders?
4. Are there any indications of problems in the sexual adjustment of the person that may lead to difficulties in the work of Holy Orders?
5. Are there serious maladjustments or limitations in the personality or functioning of the person that would disqualify the Person for Holy Orders?
6. Is there any evidence of current serious psychopathology, or are there signs in the current functioning of the person that would suggest that she/he may become dysfunctional under the usual pressures of clerical life?
7. What is your overall impression of the likelihood of the person's emotional and behavioral stability in the work of Holy Orders?