



**Psychological Evaluation  
Form H**

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

Email preferred:

File Name: [Last Name] Form H

File Type: PDF

[holyorders@episcopalmn.org](mailto:holyorders@episcopalmn.org)

Or mail:

Holy Orders File

The Episcopal Church in MN

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?