



# EVALUATION FORM

Evaluation of: \_\_\_\_\_

By: \_\_\_\_\_

Position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity?

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How would you describe the applicant as a "person of faith"?

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**Describe the applicant's relationship to the following:**

Authority (Church and Secular):

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Family:

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Friends / co-workers / others:

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Please describe what you perceive to be the applicant's self-esteem:

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Identify personal strengths of the applicant which prompt you to believe that he/she would be an effective spiritual director / companion.

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Do you think the applicant has the ability to commit herself / himself to long-term relationships? Please describe why.

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How do you experience / observe this applicant living out his / her faith and prayer in daily living?

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Please describe the applicant's emotional balance under stress.

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Do you have any reservations about the applicant's ability to be an effective spiritual director / companion? Please describe.

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Do you recommend this applicant to be admitted to Spiritual Director formation? Why/Why not?

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*Please use the space below and reverse side of this form to add any other pertinent comments that would be helpful in evaluating the applicant. All information on this form will be kept in confidence by the Admissions Committee.*

Evaluator's Signature \_\_\_\_\_

Please return this form and direct any clarifying questions to:

**Spiritual Direction Institute**  
**12645 Memorial drive, Suite F-1- 720**  
**Houston, TX 77024-4979**