

# Clergy Mentor Annual Report Form 1

**This form is to be completed and sent to the Holy Cross  
Diaconate Program Coordinator preferably one month prior to  
the second summer session  
(Candidate not to receive a Copy)**

- Candidate and I have met and reviewed what they have learned from the Summer Sessions.**
- Candidate and I have met and agreed upon time commitments we both would give each month. I recognize that per the Diaconate Program guidelines the minimum time to meet is one hour per month.**
- Candidate and I have met, agreed upon and achieved most or all of our liturgical goals for this past year.**
- Candidate and I have met, agreed upon and achieved most or all of our Parish ministry goals for this past year.**
- Liturgical Skill Evaluation, on a scale of 1-5 with 5 being Excellent 3, being Fare, and 1 identifying the need for more focus and practice.**

## **1 2 3 4 5**

- diaconal vesting (Vesting prayers, know Bishop, Priest, and Deacon vestments)
- proskomide and preparation of liturgical vessels
- proper location of deacon during liturgy
- censuring (technique and rubrics)
- small and great entrances (Understands holding Gospel and holding Discos)
- participation at the anaphora (Understands Deacons role)
- preparation of the Eucharistic cup(s) (Poring Zeon, Transferring Gifts, etc)
- distribution of the Eucharist (How to hold the Chalice, Spoon, and Cloth)
- consuming of the gifts (Thanksgiving Prayers, how to clean vessels)
- proper storing of liturgical vessels (How the vessels should be placed, Covers)
- diaconal litanies (Understands cues for staying in tone/pitch)
- role of the deacon prior to the reading of the epistle (Dialogs, censuring, etc)
- reading of the Gospel (Where to Place the Orarion, knowing what is Intoned)

**Hospital Evaluation, on a scale of 1-5 with 5 being Excellent, 3 being Fair, and 1 identifying the need for more focus and practice.**

**1 2 3 4 5**

- ○ ○ ○ ○ ○ - administering of communion (How to prepare even in space constraints)
- ○ ○ ○ ○ ○ - care of portable communion
- ○ ○ ○ ○ ○ - acceptable prayers for shut-ins, the infirm, etc.
- ○ ○ ○ ○ ○ - anointing with oil (Holy Unction; blessed oil; oil from votive candles)
- ○ ○ ○ ○ ○ - appropriate pastoral care (Deacon role is understood per Priest Direction)

**Candidate has participated in the following Services outside of Liturgy and Hospital visitations this year. Please Check all applicable**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Youth Ministry   | <input type="checkbox"/> Parish Athletics | <input type="checkbox"/> Dance Troupe |
| <input type="checkbox"/> Chanting         | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Greek School |
| <input type="checkbox"/> Altar boy mentor | <input type="checkbox"/> Scouts Program   | <input type="checkbox"/> Bible Study  |
| <input type="checkbox"/> Funerals         | <input type="checkbox"/> Weddings         | <input type="checkbox"/> Baptisms     |
| <input type="checkbox"/> Other _____      |   |                                       |

**Candidate and I have discussed impediments that need to be addressed prior to ordination. Such as physical constraints that may not allow an ordained deacon to serve during Liturgy, and any canonical impediments.**

**I have reviewed the Pastoral Care Visitation Form this year (PCV Form only needs to be sent just prior to the candidate's final Summer Session)**

**I have Additional Comments I would like to make**

**Comments:**

Candidate Name: \_\_\_\_\_

Clergy Mentor (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT**

**NOTE: IF SUBMIT BUTTON DOES NOT GENERATE AN AUTOMATIC EMAIL, PLEASE SAVE THE EDITED PDF AND ATTACH IT TO AN EMAIL AND SEND TO SFAZIO@HCHC.EDU AND CC: JSKEDROS@HCHC.EDU**