

Clergy Mentor Annual Report Form

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**This form is to be completed and sent to the Holy Cross
Diaconate Program Coordinator preferably one month prior to
the third 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. Circle one.**

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
- censing (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, censing, 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 each year regularly and signed it so that it may be submitted prior to Summer Session III. (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:

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)
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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