

**NOTRE DAME SEMINARY
GRADUATE SCHOOL OF THEOLOGY
MASTER OF DIVINITY PROGRAM**



**PSYCHOLOGICAL ASSESSMENT
PROCEDURES**



NOTRE DAME SEMINARY GRADUATE SCHOOL OF THEOLOGY MASTER OF DIVINITY PROGRAM



To the Applicant:

The *Program of Priestly Formation* promulgated by the United States Conference of Catholic Bishops requires that all seminary applicants receive a psychological assessment. Each seminary designates specific diagnostic procedures for applicants, and the results of an applicant's psychological assessment can be used for decisions about a candidate's admission and for ongoing assistance during a seminarian's formation.

At Notre Dame Seminary, the formation process is designed very carefully to help each seminarian to prepare for a life of ministry as a priest. An essential component of that process is the individual seminarian's growth. We want you to gain from the assessment a clearer understanding of your strengths as well as those areas where growth is needed. In the part of your seminary life called "Human Formation," you will work directly with a formation advisor on a plan of personal development; in that context, in spiritual direction, or in confidential counseling, you can consider the information which this assessment yields as you continue to discern God's call in your life.

The procedures for the psychological assessment follow:

1. Please read all sections of this form, including the parts addressed to other people, so you will be aware of what happens at each step.
2. Fill out the three official "Release of Information" forms. These are required by law if the seminary is to receive a copy of your assessment results. One is to go to your Director of Vocations or Religious Superior, one to the psychologist who administers your assessment, and one is to be returned to Notre Dame Seminary.
3. Your Director of Vocations or Religious Superior will select a psychologist who will conduct the evaluation, usually someone in your home diocese. Since these reports take time to complete, please contact the psychologist promptly.
4. Ask your Director of Vocations or Religious Superior to complete the "Director of Vocations" form. This form is to be sent to the testing psychologist with the "Psychologist – Release of Information" form.
5. Give the "Psychologist" form and "Psychologist – Release of Information" form to the psychologist and ask him or her to follow the procedures outlined.

Thank you for your cooperation.

Notre Dame Seminary

Graduate School of Theology

Master of Divinity Program



PERMISSION TO RELEASE INFORMATION

The applicant should give this form to the TESTING PSYCHOLOGIST.

I, the undersigned, hereby authorize the release of the results of my psychological assessment to the persons listed below only. I understand that the information is kept under security and used to aid me in my vocational discernment and personal growth.

1. The Bishop of my diocese or Religious Superior.
2. The Director of Vocations of my diocese or religious order.
3. The Rector-President of Notre Dame Seminary.
4. Select Admissions Committee Faculty of Notre Dame Seminary.
5. Licensed Counselors, Psychologists, and Psychiatrists of Notre Dame Seminary's Counseling Services.

Duration of Authorization

The duration shall remain from the date hereof until advised in writing by me of its revocation or the full duration of time allowed by law, whichever occurs first.

Copy In Lieu of Original

A copy or fax of the original authorization shall have the same force and effect as the original.

Unlawful Disclosure Prohibited

Federal law prohibits any health care provider from releasing any health care information about a patient to another person without the consent of the patient. I hereby request my provider to provide full and complete information to the above listed persons and specifically waive any "minimally necessary" limitations of HIPPA.

Information Regarding the Diagnosis/Treatment of HIV

I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give specific authorization for these records to be released in addition to any other requested material from my records.

To be completed by the Applicant

Today's Date		Social Security Number	
Name (please print)			
Home Address			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Applicant's Signature			
Witness Signature			

Applicant is to give this sheet to the TESTING PSYCHOLOGIST. Thank you.

Notre Dame Seminary

Graduate School of Theology

Master of Divinity Program



PERMISSION TO RELEASE INFORMATION

The applicant should give this form to the DIRECTOR OF VOCATIONS.

I, the undersigned, hereby authorize the release of the results of my psychological assessment to the persons listed below only. I understand that the information is kept under security and used to aid me in my vocational discernment and personal growth.

1. The Bishop of my diocese or Religious Superior.
2. The Director of Vocations of my diocese or religious order.
3. The Rector-President of Notre Dame Seminary.
4. Select Admissions Committee Faculty of Notre Dame Seminary.
5. Licensed Counselors, Psychologists, and Psychiatrists of Notre Dame Seminary's Counseling Services.

Duration of Authorization

The duration shall remain from the date hereof until advised in writing by me of its revocation or the full duration of time allowed by law, whichever occurs first.

Copy In Lieu of Original

A copy or fax of the original authorization shall have the same force and effect as the original.

Unlawful Disclosure Prohibited

Federal law prohibits any health care provider from releasing any health care information about a patient to another person without the consent of the patient. I hereby request my provider to provide full and complete information to the above listed persons and specifically waive any "minimally necessary" limitations of HIPPA.

Information Regarding the Diagnosis/Treatment of HIV

I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give specific authorization for these records to be released in addition to any other requested material from my records.

To be completed by the Applicant

Today's Date		Social Security Number	
Name (please print)			
Home Address			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Applicant's Signature			
Witness Signature			

Applicant is to provide this sheet to the DIRECTOR OF VOCATIONS. Thank you.

Notre Dame Seminary

Graduate School of Theology

Master of Divinity Program



PERMISSION TO RELEASE INFORMATION

The applicant should return this form to: OFFICE OF THE RECTOR
 NOTRE DAME SEMINARY
 2901 SOUTH CARROLLTON AVENUE
 NEW ORLEANS, LA 70118-4391

I, the undersigned, hereby authorize the release of the results of my psychological assessment to the persons listed below only. I understand that the information is kept under security and used to aid me in my vocational discernment and personal growth.

1. The Bishop of my diocese or Religious Superior.
2. The Director of Vocations of my diocese or religious order.
3. The Rector-President of Notre Dame Seminary.
4. Select Admissions Committee Faculty of Notre Dame Seminary.
5. Licensed Counselors, Psychologists, and Psychiatrists of Notre Dame Seminary's Counseling Services.

Duration of Authorization

The duration shall remain from the date hereof until advised in writing by me of its revocation or the full duration of time allowed by law, whichever occurs first.

Copy In Lieu of Original

A copy or fax of the original authorization shall have the same force and effect as the original.

Unlawful Disclosure Prohibited

Federal law prohibits any health care provider from releasing any health care information about a patient to another person without the consent of the patient. I hereby request my provider to provide full and complete information to the above listed persons and specifically waive any "minimally necessary" limitations of HIPPA.

Information Regarding the Diagnosis/Treatment of HIV

I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give specific authorization for these records to be released in addition to any other requested material from my records.

To be completed by the Applicant

Today's Date		Social Security Number	
Name (please print)			
Home Address			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Applicant's Signature			
Witness Signature			

Applicant is to return this sheet to NOTRE DAME SEMINARY. Thank you.

Notre Dame Seminary

Graduate School of Theology

Master of Divinity Program



TO THE DIRECTOR OF VOCATIONS

The results of the psychological assessment required by Notre Dame Seminary are not limited solely to the admissions process but are very useful for academic planning and as a growth tool for each student's self-awareness and self-evaluation.

After the applicant has completed and signed the "Permission to Release Information" form, please complete the information requested below. He is instructed to give this form to the testing psychologist/psychiatrist who will then know which instruments need to be administered in the testing. Thank you for your help.

Name of Psychologist Selected	
-------------------------------	--

Address	
---------	--

Telephone	
-----------	--

EVALUATIVE PROCEDURES

1. Clinical Interview with the applicant.* (see Clinical Interview in number II on enclosed sheet)
2. MMPI-2
3. **One** of the following projective techniques:
 - Rorschach Ink Blot Test
 - Draw-A-Person Test
 - Incomplete Sentences Blank
 - MCMI-III
4. **One** of the following tests of normal personality traits:
 - Edwards Personal Preference Schedule
 - 16 P-F
 - Personal Orientation Inventory
5. The results are explained to him in a face-to-face session with the psychologist/psychiatrist.

Notre Dame Seminary

Graduate School of Theology

Master of Divinity Program



TO THE PSYCHOLOGIST

- I. Unless otherwise instructed by the diocese of the applicant, please follow each of the procedures listed below. For applicants who lack full facility with the English language, please use the alternative language testing procedures you feel are appropriate.

EVALUATIVE PROCEDURES

1. Clinical Interview with the applicant. *
2. MMPI-2
3. **One** of the following projective techniques:
 - Rorschach Ink Blot Test
 - Draw-A-Person Test
 - Incomplete Sentences Blank
 - MCMI-III
4. **One** of the following tests of normal personality traits:
 - Edwards Personal Preference Schedule
 - 16 P-F
 - Personal Orientation Inventory
5. The results are explained to him in a face-to-face session with the psychologist/psychiatrist.

- II. *Clinical Interview: Please be sure to include the following:

- A. Interpersonal Development
 - Relation with Authority
 - Outlook on Women/Men
 - Inward/Outward Social Skills
 - Self-Esteem
 - Coping Mechanisms
 - Previous Counseling
 - Sufficient Human Growth
 - Friendships
 - General Physical Health
- B. Emotional Health
 - History of Anxiety or Depression
 - Impulse Control
 - Addictive Behaviors
 - Ability to Deal With Anger

C. Familial History

- Family Unit: Dysfunctions
- Customs/Traditions
- Style of Discipline: Verbal/Physical Abuse
- Current Relationships
- Family's Disposition to Applicant's Potential Vocation to Priesthood

D. Sexual History

- Dating History
- Sexual Orientation
- Sexual Relationships and Experiences
- Sexual Abuse by Others to Self
- Sexual Abuse to Others by Self
- Self-Indulgences: Pornography, Masturbation, Internet Cybersex, etc.

E. Present Disposition Toward Chaste Celibacy

- Social Maturity
- Use of Drugs/Alcohol
- Gambling
- Indulgences: Food, Smoking, Caffeine
- Hobbies/Talents

- III. Finally, please provide two copies, each accompanied by a copy of the signed release form:
- One by mail to the Director of Vocations who referred the applicant to you.
 - One by mail to the seminary at :

**Office of the Rector
Notre Dame Seminary
2901 South Carrollton Avenue
New Orleans, LA 70118-4391**