

Spiritual Awareness and Discipline Evaluation

Form D11

To: The Bishop
The Commission on Ministry
The Episcopal Diocese of Colorado
1300 Washington Street
Denver, Colorado 80203

I, _____, a candidate for the Ordination to the Diaconate,
Have met and studied with my Spiritual Director, _____,
From _____ until _____.
Date *Date*

Name of Student

Date

Spiritual Director

Date