



Child Life Internship Candidate Common Recommendation Form

Applicant: Please fully fill out sections below for each site you are applying to prior to giving to the person providing your reference. Fill out additional copies as needed.

<p>Internship Site _____</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to _____</p> <p> Signed/Sealed and mailed to _____</p> <p> Signed/Sealed and returned to applicant</p>
<p>Internship Site _____</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to _____</p> <p> Signed/Sealed and mailed to _____</p> <p> Signed/Sealed and returned to applicant</p>
<p>Internship Site _____</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to _____</p> <p> Signed/Sealed and mailed to _____</p> <p> Signed/Sealed and returned to applicant</p>
<p>Internship Site _____</p> <p>A separate letter of recommendation is required: <i>Yes</i> <i>No</i></p> <p>All completed documents should be:</p> <p> Emailed to _____</p> <p> Signed/Sealed and mailed to _____</p> <p> Signed/Sealed and returned to applicant</p>



Child Life Internship Candidate Common Recommendation Form

Please complete the recommendation form below for the applicant applying to a child life clinical internship. The applicant should have provided you a list of sites they are applying to with submission requirements. Please only submit the following two pages (and letter of recommendation as required) to each site. The internship is a 600+ hour comprehensive experience required for child life professional certification. We appreciate your honest and open feedback to help us choose the best candidates for our program.

Applicant Name: _____

Reference Name: _____

Reference Organization: _____

Reference Phone: _____ **Reference Email:** _____

Approximately how long have you known this candidate?

In what capacity do you know the candidate?

Child Life Practicum Supervisor

Instructor/Professor

Volunteer Supervisor

Employer/Supervisor/Manager/Director

Other (specify)

Have you directly supervised this applicant's interactions with children? If Yes No
yes, total # of candidate's direct experience hours

Applicant Rating: Check the rating column that is most reflective of the candidate's skills. Please rate the candidate based on written work and/or work you have directly supervised.

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed
Child Development Knowledge				
Interactions with Children				
Interactions with Adults				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed
Critical Thinking/ Problem Solving				
Taking Initiative				
Self-motivation				
Dependable				
Time Management Skills				
Ability to Accept and Apply Feedback				
Ability to Collaborate with Others				
Flexibility				

Do you recommend this candidate for an internship? *(please circle)*

Yes, recommend

Yes with reservations

No, I do not recommend this candidate

If you have reservations or do not recommend this candidate, please indicate the reason:

Please provide any additional, relevant information or comments below:

Reference Signature: _____

Date: _____