



Child Life Internship Reference Form

To be completed by the applicant:

The following statement indicates the applicant's submitted signed response to the Letter of Reference Waiver.

- ☐ I waived my right to inspect the contents of this reference.
☐ I did not waive my right to inspect the contents of this reference.

Name of Applicant: _____

is applying for a Child Life Intern position. The Child Life Internship is a 15-week clinical training opportunity designed to develop professional child life skills and strengthen critical thinking and clinical judgment abilities. The Child Life Intern will be expected to deliver competent and skilled care to patients and families with a team orientation and an emphasis on good customer relations. *At least one letter of reference must be from a child life practicum supervisor who can attest to the applicant's clinical knowledge; one must be from a person who has supervised and/or observed the applicant's experience with children; one must be from a person knowledgeable about the candidate's character.*

Deadline for submission is May 5, 2015

Information below this line must be completed by the reference person submitting the form.

My acquaintance with applicant was as:

- ☐ Child Life Practicum Supervisor
☐ Employer/Supervisor/Manager/Director
☐ Instructor/Professor
☐ School Advisor
☐ Other (specify) _____

How long have you known this applicant? _____

Have you directly supervised this applicant's interactions with children? ☐ Yes ☐ No

***If you cannot speak to the knowledge and skill of this candidate, please do not complete a letter of reference.**

Applicant rating: Check the column of the rating that is most applicable.

	Outstanding 4	Above Average 3	Average 2	Below Average 1	Do Not Know 0
Child Development Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment and Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Outstanding 4	Above Average 3	Average 2	Below Average 1	Do Not Know 0 [*]
Compassion and Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport Building Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What qualities or characteristics does the applicant have that would contribute to his/her success as a Child Life Intern?

I would recommend this person for a Child Life Intern position. ☐ Yes ☐ No
If no, please state concerns.

Typed Name: _____
(Submitting this form via your email address serves as an electronic signature.)

Title: _____ Daytime Phone Number: _____

Organization: _____ City, State: _____

Email address: _____ Date: _____

Please save this completed form to your computer and submit it as an email attachment. Send to ChildLifeStudents@cookchildrens.org