



# Child Life Internship Candidate Recommendation Form

Please complete the recommendation form below for the applicant applying to St. Louis Children's Hospital child life internship. The internship is a 600+ hour comprehensive experience required for child life profession 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:** \_\_\_\_\_

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?  Yes  No

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				
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?

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 \_\_\_\_\_