



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, total # of candidate's direct experience hours

Yes No

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: