

## Child Life Internship Recommendation Form

Applicant Name: \_\_\_\_\_  
 Reference Name: \_\_\_\_\_  
 Reference Phone: \_\_\_\_\_  
 Relation to applicant: \_\_\_\_\_

Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Reference Email: \_\_\_\_\_  
 Length of relationship: \_\_\_\_\_

The above individual has applied for acceptance into the Child Life Internship at Mercy Kids in Springfield, MO. This internship is a 600+ hour comprehensive experience required for child life professional certification. Please provide us with your honest impressions based on your observations of this student.

<u>Skill/Trait Observed</u>	<u>Exceeds Expectations</u>	<u>Meets Expectations</u>	<u>Does Not Meet Expectations</u>	<u>Not Observed</u>
<b>Maturity</b>				
<b>Dependability</b>				
<b>Initiative</b>				
<b>Critical Thinking</b>				
<b>Flexibility</b>				
<b>Time Management</b>				
<b>Professional Boundaries</b>				
<b>Written Communication</b>				
<b>Verbal Communication</b>				
<b>Interpersonal Skills with Children</b>				
<b>Interpersonal Skills with Adults</b>				
<b>Ability to Accept Feedback</b>				
<b>Ability to Collaborate with a Team</b>				
<b>Knowledge of Child Development</b>				

Please share any reservations or reasons why you do not recommend this candidate:

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Please provide any additional information or comments below:

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Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_