

## Child Life Practicum Recommendation Form

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Length of relationship: \_\_\_\_\_

The above individual has applied for acceptance into the Child Life Practicum at Mercy Kids in Springfield, MO. This individual will be gaining experience within the hospital environment serving pediatric patients and their families. Below are characteristics that will help us determine the best fit with our program. 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>Time Management</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>				

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: \_\_\_\_\_

**\*\* Please return recommendation form in a signed, sealed envelope. \*\***