



Child Life Practicum Reference Form

Please complete the form below to be used as a reference for a student applying for a child life practicum. The practicum is an observation experience designed to prepare a student for more comprehensive training to become a Certified Child Life Specialist. We appreciate your honest and open feedback to help us choose the best candidates for our program.

Name of Applicant: _____

How long have you known the applicant: _____

In what context did you observe/interact with this applicant? Please select from the drop-down menu.

Child Life Volunteer Supervisor Instructor/Professor

Employer/Manager/Suervisor/Director School Advisor

Other - please specify:

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

Applicant Rating: Check the column of the rating that is most acceptable.

Skill/Trait Observed	Above Average	Average	Below Average	Not Observed
Child Development Knowledge				
Interactions with Children				
Interactions with Adults				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				
Critical Thinking				
Initiative				
Leadership Ability				
Ability to Accept and Apply Feedback				
Ability to Collaborate				
Rapport Building Skill				
Flexibility				
Time Management				

What are three qualities or characteristics of this applicant that will help him or her to be a successful practicum student? (Feel free to provide a simple bulleted list.)

What are three areas of growth for this applicant? (Feel free to provide a simple bulleted list.)

I recommend this person for a Child Life Practicum position. (Select from the drop-down menu below.)

Please state any concerns (required if selected "yes, somewhat" or "no").

Reference Signature:

Typed Name:

Institution/Organization Name:

City/State of Organization:

E-mail Address:

Phone Number: