

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

## **Rady Children's Hospital- San Diego**

### **Child Life Practicum Application Checklist**

*(Please enclose with application)*

- Completed Child Life Practicum Application
  - Typed Practicum Application
  - Typed Practicum Questionnaire
  - Relevant Experience with Children/Adolescents
  - Child Life Relevant Coursework
  
- Current Resume/Curriculum Vitae
  
- Transcripts from each college/university attended (student copies accepted)
  - Institution: \_\_\_\_\_
    - Enclosed in application (preferred)
    - Mailed Separately
  
  - Institution: \_\_\_\_\_
    - Enclosed in application (preferred)
    - Mailed Separately
  
  - Institution: \_\_\_\_\_
    - Enclosed in application (preferred)
    - Mailed Separately
  
- 2 Letters of Recommendation from non-family members
  - From: \_\_\_\_\_
    - Enclosed in application (preferred)
    - Mailed Separately
  
  - From: \_\_\_\_\_
    - Enclosed in application (preferred)
    - Mailed Separately

**Please return the completed information to:**

Rady Children's Hospital San Diego  
3020 Children's Way  
Child Life - Practicum Coordinator  
MC 5126  
San Diego, CA 92123

# Rady Children's Hospital- San Diego

## Application for Child Life Practicum Program

**Requested Semester of Practicum:**

Year:            (check the appropriate box)    Fall             Spring

**Personal Information:**

Name:	
Address:	
Phone:	
Email:	

**University Information:**

Will you be completing this Practicum for **school credit**?    Yes            No

If yes, please provide the following:

University:	
Name of Sponsor/Advisor:	
Title:	
Office Phone:	
Email:	

**Academic Information:**

*Please include information for all universities and colleges attended*

Institution	Location	Major	Degree	Graduation Date	GPA

Days and times (Monday-Friday) you are available to fulfill your practicum hours:

What other commitments will you have during your practicum?

---

Signed

Date

**Please return the completed information to:**

Rady Children's Hospital San Diego  
3020 Children's Way  
Child Life - Practicum Coordinator  
MC 5126  
San Diego, CA 92123



**Rady Children's Hospital- San Diego**  
**Relevant Experience with Children/Adolescents**

<b>Experience</b>	<b>Dates &amp; Total Hours</b>	<b>Supervisor Contact Info</b>	<b>Describe Experience</b>



# Rady Children's Hospital- San Diego

## Child Life Department

Student Program Recommendation Form

Applicant \_\_\_\_\_ Date \_\_\_\_\_

*The above individual has applied for acceptance into the Child Life Practicum Student program at Rady Children's Hospital. This individual will be gaining experience within the environment of a large medical facility serving the pediatric population.*

Factor Outstanding	Outstanding	Above Average	Average	Below Average	Weak
<b>1. Maturity</b>					
<b>2. Problem solving skills</b>					
<b>3. Ability to accept guidance and supervision</b>					
<b>4. Functions responsibly and independently</b>					
<b>5. Motivation to learn</b>					
<b>6a. Interpersonal skills with adults</b>					
<b>6b. Interpersonal skills with children</b>					
<b>7a. Communication skills with adults</b>					
<b>7b. Communication skills with children</b>					
<b>7c. Written communication skills</b>					

Comments:

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

Institution: \_\_\_\_\_

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what context? \_\_\_\_\_

May we contact you for further information? YES NO

**Return recommendation form in a SEALED envelope to applicant or mail to:**

Rady Children's Hospital San Diego  
 Child Life Dept - MC 5126  
 Attn: Practicum Coordinator  
 3020 Children's Way  
 San Diego, CA 92123