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**

**Practicum Questionnaire**

*(These may be typed on a separate piece of paper. Please limit to 200 words for each answer.)*

1. What are your career goals?
2. What resources have you used to learn about the child life profession and prepare for this practicum? (pertinent employment, volunteer work, academic courses, independent study, life experiences, career research-internet or Child Life Specialist)
3. What strengths would you bring to the Child Life practicum?
4. Please list 5 courses of your academic program and describe how those courses will help you prepare for your career as a Child Life Specialist.   
     
   1.   
     
   2.   
     
   3.   
     
   4.   
     
   5.
5. What are your expectations of the Child Life practicum?

**Rady Children’s Hospital- San Diego**

**Relevant Experience with Children/Adolescents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Experience** | **Dates &**  **Total Hours** | **Supervisor Contact Info** | **Describe Experience** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Rady Children’s Hospital- San Diego**

**Relevant Coursework List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Where** | **Year** | **Term** | **Grade** |
| *Child Development* | *SDSU* | *2016* | *Spring* | *A* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 |
| 1. Maturity |  |  |  |  |  |
| 2. Problem solving skills |  |  |  |  |  |
| 3. Ability to accept guidance and supervision |  |  |  |  |  |
| 4. Functions responsibly and independently |  |  |  |  |  |
| 5. Motivation to learn |  |  |  |  |  |
| 6a. Interpersonal skills with adults |  |  |  |  |  |
| 6b. Interpersonal skills with children |  |  |  |  |  |
| 7a. Communication skills with adults |  |  |  |  |  |
| 7b. Communication skills with children |  |  |  |  |  |
| 7c. Written communication skills |  |  |  |  |  |

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