

# 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

*Updated August 2017*