

Supervisor/Coordinator: Please complete this form for the student applying to the Northwestern Medicine Child Life Practicum to verify the student's completed paid and/or volunteer experience working with children, youth and families.

Name of Applicant

First Name: _____ Last Name: _____

Applicant's Job Title at the Institution/Organization: _____

Institution/Organization Name: _____

Institution/Organization Address: _____

Please check all of the following that applies to the applicant's experience:

Volunteer experience

Paid experience

Experience with infants, children, youth and/or families in a healthcare setting

Experience with infants, children, youth and/or families in stressful situations (such as camps for children with a chronic illness, advocacy or special needs programs)

Experience with infants, children, youth and/or families (such as a nanny or teacher's aide)

Briefly list the applicant's responsibilities

Start Date: _____ End Date: _____

Total number of hours completed: _____

Your signature below confirms this information is true and accurate.

Signature (Use Adobe fill and sign feature for your signature.)

Supervisor/Coordinator's Name and Credentials: _____

Supervisor/Coordinator's Title: _____

Supervisor/Coordinator's Email: _____

Supervisor/Coordinator's Phone Number: _____

Date: _____