Thank you for your interest in the Child Life Practicum at Northwestern Medicine Central DuPage Hospital. Our practicum serves as a way to empower and equip students on their journey to become child life interns and professionals. Practicum students will have the opportunity to shadow certified child life specialists and gain exposure to various areas of the hospital. They will also make site visits to the Northwestern Medicine Proton Center and Marianjoy Rehabilitation Hospital, part of Northwestern Medicine. Practicum students will engage in hands-on learning as they initiate therapeutic activities in the playroom and at bedside with pediatric patients and siblings.

Please complete the application in its entirety and mail to:
Central DuPage Hospital
Attn: Practicum Coordinator, Child Life Services
25 North Winfield Road
Winfield, Illinois 60190

Eligible candidates will be offered an on-site or Skype interview.

Application postmark deadline
January 10

Practicum offer date
February 21

If you have any questions, please contact:
Mia DeRoin
Certified Child Life Specialist and Practicum Coordinator
630.933.6176 (TTY: 711)
mia.deroin@nm.org
Northwestern Medicine Central DuPage Hospital
Summer Child Life Practicum Application

Name _______________________________________________________________________________________________________

Phone Number ________________________________ Email Address  _______________________________________________

Mailing Address ______________________________________________________________________________________________

College education

<table>
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<tr>
<th>Institution</th>
<th>Major</th>
<th>Graduation Date</th>
<th>GPA</th>
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Name of Academic Advisor (if applicable) ________________________________________________________________________

Phone Number ________________________________ Email Address  _______________________________________________

Application checklist

☐ Completed and signed application
☐ 200-word essays (maximum) to answer each of the following questions:

1. What has led you to apply to the Child Life Practicum at Central DuPage Hospital? Please share your journey to the field of child life.
2. Share about a time when you made a significant and meaningful impact in a child’s life.
3. What is your philosophy of child life, and how do you hope to contribute to the field?

☐ A list of three professional and measurable development goals you hope to accomplish as part of your practicum experience
☐ Academic transcripts (official or unofficial) from all academic institutions you have attended
☐ Three signed and sealed recommendation forms from non-relatives (at least one must be from a reference who can attest to your work with children)
☐ Verification form showing at least 50 hours working with children (hospital experience preferred)
☐ Resumé

By signing, I indicate that I have reviewed and met the application requirements. I am submitting all necessary documentation to be considered for the Child Life Practicum at Central DuPage Hospital.

Signature _______________________________________________________________ Date __________________________
Child Life Practicum Verification of Experience

This form is to be completed by your supervisor or coordinator as a means of verifying completed paid/volunteer experience working with children, youth and families.

Name of Applicant: ____________________________________________________________________________________

Applicant’s Job Title at the Institution/Organization: ______________________________________________________________________________________

Institution/Organization Name: ____________________________________________________________________________________

Institution/Organization Location: ____________________________________________________________________________________

Please check which of the following applies to the applicant’s experience:

☐ Volunteer experience

☐ Paid experience

☐ Experience with infants, children, youth and/or families in the 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 responsibilities:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

Start Date: _______________    End Date: ______________________

Total number of hours completed: ______________________

Your signature below confirms this information is true and accurate.

Signature: ______________________________________________________________________________________

Printed Name/Credentials: ______________________________________________________________________________________

Title: ______________________________________________________________________________________

Email Address: ______________________________________________________________________________________

Date: ______________________
Practicum Recommendation Form

Thank you for being a reference for the Child Life Practicum position at Northwestern Medicine Central DuPage Hospital. The mission of the Northwestern Medicine Child Life Services Program is to provide developmentally appropriate psychosocial support to children and their families as they navigate and cope with a healthcare experience.

The Child Life Practicum at Central DuPage Hospital is an observational clinical program designed to help students gain experience in the hospital setting with patients, families and the interdisciplinary team. The program also helps students become familiar with the role and services of child life professionals and begin to develop necessary skills in order to prepare for a child life internship.

Please complete the recommendation form below (a letter of recommendation is not required, but will be accepted). We appreciate your honest and open feedback to help us choose the best candidate for our program. Please sign and seal the envelope for the student to include with the rest of the application materials.

Candidate Name: ____________________________________________________________

Your Name: __________________________________________________________________

Your Organization/Institution: __________________________________________________

Your Email ___________________________________________________________________

Your Phone: __________________________________________________________________

May we contact you if additional questions arise?  □ Yes  □ No

How long have you known this candidate?

□ Less than a year
□ 1 - 2 years
□ 3 - 5 years
□ More than 5 years
Practicum Recommendation Form

In what capacity do you know this candidate?

☐ Child Life Volunteer Supervisor
☐ Employer/Supervisor/Manager/Director
☐ Academic Advisor/Professor/Instructor
☐ Other (please specify): __________________________________________________________

Have you directly supervised or observed this candidate’s interactions with children?  ☐ Yes  ☐ No

What are two strengths this candidate brings to the practicum?

1. __________________________________________________________________________
2. __________________________________________________________________________

What are two areas of growth for this candidate?

1. __________________________________________________________________________
2. __________________________________________________________________________

Candidate Rating

Check the column that is most reflective of this candidate based on your observations or interactions.

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<tr>
<th>Skill/Trait Observed</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Not Observed</th>
<th>Comments</th>
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<tr>
<td>Child Development Knowledge</td>
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<td>Enthusiasm for the Child Life Profession</td>
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<td>Interactions With Children</td>
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<td>Interactions With Families</td>
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<td>Professionalism</td>
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<td>Professional Boundaries</td>
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<td>Verbal Communication Skills</td>
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<td>Creativity</td>
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## Practicum Recommendation Form

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<tr>
<td>Motivation to Learn</td>
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<td>Ability to Take Direction</td>
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<td>Ability to Accept and Apply Feedback</td>
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<td>Ability to Collaborate With Others</td>
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<td>Effective Prioritization and Ability to Multitask</td>
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Do you recommend this candidate for a practicum?

- [ ] Yes, recommend
- [ ] Yes, with reservations
- [ ] No, I do not recommend this candidate

If you have any reservations or do not recommend the candidate, please indicate the reason:

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Please provide any additional relevant information or comments below:

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

By signing below, you indicate you have thoroughly and honestly considered this candidate's qualifications:

Reference Signature: ___________________________ Date: ________________

Please provide the completed form in a signed and sealed envelope to the student to be included with the rest of the application materials.

If you have any questions or concerns regarding the recommendation form, please contact the practicum coordinator, Mia DeRoin, CCLS, at mia.deroin@nm.org or 630.933.6176 (TTY: 711).