

(Please complete this form within five business days of receiving it.)

Thank you for being a reference for the student applying for the Child Life Practicum position at Northwestern Medicine. 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 Northwestern Medicine is an observational clinical program designed to help students gain experience in the hospital setting with patients, families and the interdisciplinary care team. The program enables students to familiarize themselves with the role and services of child life professionals and to develop the skills needed to prepare for a child life internship.

Please complete the recommendation form below (editable PDF), save and then send back to the student applying to the Child Life Practicum.

We appreciate your honest and open feedback to help us choose the best candidate for our program.

If you have any questions or concerns about the recommendation form, please contact us at nmchildlifepacticum@nm.org or 630.933.6176 (TTY: 711).

*All fields are required unless otherwise indicated.

Candidate Name*

First Name: _____ Last Name: _____

Your Information*

First Name: _____ Last 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

In what capacity do you know this candidate?*

Child Life Volunteer Supervisor

Employer/Supervisor/Manager/Director

Academic Advisor/Professor/Instructor

Other: _____

Child Life Practicum Recommendation Form (continued)

Have you directly supervised or observed this candidate's interactions with children?* Yes No

What are two strengths this candidate will bring to the practicum?*

What are two areas of growth for this candidate?*

Candidate Rating:*

Check the column that most accurately reflects this candidate based on your observations or interactions.

	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	I Have Not Observed Them
Child Development Knowledge				
Enthusiasm for the Child Life Profession				
Interactions with Children				
Interactions with Families				
Professionalism				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				
Problem Solving				
Initiative				
Flexibility				
Creativity				
Motivation to Learn				
Ability to Accept and Apply Feedback				
Ability to Collaborate With Others				
Effective Prioritization and Ability to Multitask				

Child Life Practicum Recommendation Form (continued)

Do you have any additional comments regarding your observations? (Optional)

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: (Optional)

If you would like to include a letter of recommendation for the student applying for the Child Life Practicum, please attach when you send this completed document to the student/applicant.

By signing below, you indicate you have thoroughly and honestly considered this candidate's qualifications. Please use the Tools/Fill & Sign function in Adobe to insert your signature.

Reference Signature*

Date*