

**All Children's Hospital
Child Life Department**
Student Program Recommendation Form

Applicant _____ Date _____

The above individual has applied for acceptance into the Child Life Practicum Student program at All Children's Hospital. This individual will be gaining experience within the environment of a large medical facility serving the pediatric population.

Factor	Out-standing	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:

All Children's Hospital
Child Life Department 7390
Practicum Program
501 6th Street South
St. Petersburg, FL 33701
Phone#: 727-767-4323