



Applicant's Printed Name _____ Address _____ Phone _____

The individual identified above has applied for acceptance into the Child Life Practicum Program at Children's National Medical Center in Washington, D.C. This individual will be interacting on a daily basis with children, families and staff, in a major critical care pediatric hospital. Please complete the reference information section and return this form to us. A letter of recommendation may be attached to this completed form. Thank you for your assistance.

Kelly Schraf, CCLS
Phone # 202-476-3720

Children's National Medical Center, Dept of Family Services
111 Michigan Avenue, N.W., Washington, D.C. 20010

I hereby authorize _____ to release to Children's National Medical Center information requested on this form concerning my suitability as a child life practicum student. I hereby release from liability and hold harmless from any claims I might have against any person, educational institution, former employer, identified reference or CNMC as a result of inquiries made or information supplied in connection with my application for a child life practicum at CNMC.

Applicant's Signature _____ Date _____

Reference Information

Using a check mark please indicate the applicant's performance in each of these areas:	Weak	Below Average	Average	Above Average	Out-standing	Comments
Maturity						
Problem solving skills						
Ability to accept guidance & supervision						
Functions responsively & independently						
Motivation to learn						
Interpersonal skills with adults						
Interpersonal skills with children						
Communication skills with adults						
Communication skills with children						
Dependability						
Attitude						
Appearance/dress appropriate for situation						

Do you recommend this individual for a child life practicum? _____

If yes, please indicate below what contributions you feel they will make to the field of child life?

Reference Name _____ Position _____

Relationship with applicant _____ How long _____

May we contact you for further information? yes no Phone # _____

E-mail _____

Signature _____ Date _____