Intermountain Child Life Recommendation and Verification of Hours Form

Please check one: ☐ Verification of Hours ☐ Letter of Recommendation ☐ Both

Applicant name:_____ How long have you known applicant? _____
Recommender name:_____ Email:_____ Phone # _____
Recommender place of employment:_____
In what capacity did you know the candidate:

Employer/Supervisor ☐ Volunteer Coordinator ☐ Instructor/Professor ☐
Practicum Supervisor ☐ Manager/Director ☐ Child Life Specialist ☐
Other _____

Have you directly seen this applicant interact with children? ☐ Yes ☐ No
Total hours of direct experiences with children: _____

If you are only providing verification of hours, please skip this section of the form and sign and date at the bottom

Applicant Rating: Check the rating column that is most reflective of the candidate's skills. Please rate the candidate based on written work and/or work you have directly supervised.

Skill	Exceeds Expectation	Meets Expectation	Needs Improvement	Not Observed
Child development knowledge				
Ability to apply knowledge to practice				
Able to interact with children				
Able to interact with children during stressful events				
Works well with a team				
Ability to read the room or non-verbal ques				
Awareness of professional boundaries				
Clinical thinking/problem solving				
Verbal communication skills				
Willing to receive and use feedback				
Flexibility				
Dependability				
Completes tasks on time/time management skills				
Self-motivated/taking initiative				
Ability to collaborate with others				

Would you recommend this candidate? ☐ Yes ☐ Yes, with reservations ☐ No

Recommendation Comments:

Would you be willing to work with this person again? ☐ Yes ☐ No

Signature:	
Printed Name/Title:	
Email Address:	Date:

Please email this form directly to:
Practicum- childlife.practicum@imail.org
Internship- childlife.intern@imail.org