Intermountain Child Life R	ecommendation and Verif	ication of	Hours For	m 🌃	Intermountair Health
Please check one:	Verification of Hours	Letter of R	ecommenda	ntion	Both
Applicant name:	How long have v	ou known	applicant?		
Recommender name:	ant name: How long have you kno nmender name: Email:				
Recommender place of employe					
In what capacity did you know t					
	sor Volunteer Coordinator		Instructor/Professor		
		Child Life Specialist			
Other			<u> </u>		
Have you directly seen this appl Total hours of direct experience	es with children:		No	d data at the	hottom
If you are only providing verification Applicant Rating: Check the rat					
candidate based on written wor	_				
Skill		Exceeds	Meets	Needs	Not
		Expectation	Expectation	Improvement	Observed
Child development knowledge					
Ability to apply knowledge to practice Able to interact with children	e				
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 car	ndidate? Yes Yes, w	vith reserva	ations	No	
Recommendation Comments:	103, 1	vicii reserve	20113	110	
necommendation comments.					
Would you be willing to work w	ith this person again? Ye	s No			
Signature:					
Printed Name/Title:					
Email Address:	Date:				

Please email this form directly to:

Practicum- childlife.practicum@imail.org Internship- childlife.practicum@imail.org