Child Life Internship Recommendation Form

Please complete the recommendation form below for the applicant applying to Children's Hospital Colorado's child life internship. We appreciate your honest and open feedback to help us select the best candidate for our program. The completed recommendation form can be emailed to childlife101@childrenscolorado.org.

Applicant Name:

Reference Name:

Reference Organization:

Reference Phone: **Reference Email:**

Approximately how long have you known the candidate?

Did you directly supervise the candidate's interactions with children? **Yes** ☐ **No** ☐

Please indicate in what capacity you know this candidate:

Applicant Rating

Please check the rating column that is most reflective of the candidate's skills.

Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed
Child Development Knowledge				
Interactions with Children				
Interactions with Adults				
Professional Boundaries				
Verbal Communication Skills				
Written Communication Skills				

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Skill/Trait Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Not Observed
Critical Thinking/ Problem Solving				
Taking Initiative				
Self-Motivation				
Dependable				
Determination				
Time Management Skills				
Ability to accept and apply feedback				
Ability to collaborate with others				
Flexibility				

Do you recommend the candidate for an internship?

☐ **Yes, recommend** ☐ **Yes, with reservations** ☐ **No, I do not recommend this candidate**

If you have reservations or do not recommend this candidate, please explain:

Please provide any additional, relevant information or comments below:

Reference Signature: **Date:**

Children's Hospital Colorado

13123 E 16th Ave, Aurora, CO 80045

720-777-1234 | childrenscolorado.org

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