



Recommendation Form

**Child Life Internship Program
Maria Fareri Children's Hospital,
Member of the Westchester Medical Center Health Network**

Applicant Name: _____

Please complete the information below. This recommendation is for a child life internship at Maria Fareri Children's Hospital. The internship is a 15-week clinical experience designed to develop professional child life skills by working with children and families in a healthcare setting, and to promote effective coping through play, preparation, education and self-expressive activities.

Please return this recommendation form to the applicant in a sealed, signed envelope.

Please rate the applicant's qualities in comparison to others you have known in a similar role. Please select one answer per question and provide candid impressions. Thank you for your insights.

Skills assessment	Above Average	Average	Below Average	Do Not Know
Knowledge of child development				
Judgment and common sense				
Maturity				
Problem-solving skills				
Professional boundaries				
Ability to function responsively and independently				
Motivation to learn				

Interpersonal skills with children				
Interpersonal skills with families				
Dependability				
Attitude				
Appearance/dress appropriate for situation				
Critical thinking				
Follows directions				
Flexibility				
Punctuality/attendance				
Acceptance of feedback and constructive criticism				
Ability to work with others				

How long have you known the applicant? _____

In what context? _____

Signature: _____

Date: _____

Institution/Organization: _____

Position/Title: _____

Address: _____

State: _____

Zip code: _____

Phone: _____

Email: _____