



Child Life Practicum Program Student Recommendation Form

Applicant _____

Date _____

The above individual has applied for acceptance into the Child Life Practicum Student program at St. Jude children’s Research Hospital. This individual will be gaining experience within the environment serving a pediatric chronically ill population. Below are characteristics that will help us determine the best fit with our program. Please provide us with your honest impressions based on your observations of this student.

Characteristic & Skill	Outstanding	Above Average	Average	Below Average	Weak
Maturity					
Ability to work as a team member					
Ability to accept guidance and supervision					
Functions responsibly and independently					
Motivation to learn					
Interpersonal skills with adults					
Interpersonal skills with children					
Communication skills with adults					
Communication skills with children					
Written communication skills					

Please share with us why you are recommending this individual. What contributions do you feel he/she will make during this experience?

Name: _____ Institution: _____ Position: _____

How long have you known the applicant? _____ In what context? _____

Return recommendation form in sealed and signed envelope to:

Child Life Program Attention: Practicum Committee St. Jude Children’s Research Hospital
MS 121, Room BP300 262 Danny Thomas Place Memphis, TN 38105-3678 USA