



Child Life Department

CHILD LIFE STUDENT RECOMMENDATION FORM

Your Name _____

Your Relationship to Applicant _____

May we contact you for further information? (Y / N)

Phone # _____

Applicant Name _____ **Date** _____

The above individual has applied for acceptance into a Child Life student program at Children's Mercy, Kansas City. This individual will be gaining experience within the environment of an approximately 350 bed pediatric hospital. It is important that we be able to evaluate this individual in the following areas.

	Evaluate for Age & Experience				
	Weak	Below Average	Average	Above Average	Out-standing
1. Maturity					
2. Problem solving skills					
3. Ability to accept guidance and supervision					
4. Functions responsively and independently					
5. Motivation to learn					
6. Interpersonal skills: adults children					
7. Communication skills: adults children					

Please submit a professional reference letter with this recommendation form in a signed, sealed envelope. Return sealed envelope to applicant to be submitted with their application materials.