



Child Life Practicum Program Reference Form

Applicant's Name: _____

In what capacity do you know this applicant?

Hospital setting Academic supervisor Employer

Other: _____

How long have you known this applicant? _____

Based on your direct observations, please rate the applicant's skills in the following areas:

Characteristics	Excellent	Above Average	Average	Below Average	Needs Improvement	Not Observed
Knowledge of child development						
Organization skills						
Communication						
Follows directions						
Ability to accept feedback						
Self-reflective						
Displays motivation to learn						
Punctuality/ attendance						

Comments:

Reference Name: _____ Signature: _____

Title: _____ Phone Number: _____

Email: _____ Date: _____

Please email reference form to BCHOchildlifepacticum@ucsf.edu