



## 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](mailto:BCHOchildlifepacticum@ucsf.edu)