



# Intermountain Child Life Recommendation and Verification of Hours Form

Applicant name: \_\_\_\_\_ How long have you known applicant: \_\_\_\_\_

Reference name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business or Company: \_\_\_\_\_

In what capacity did you know the candidate:

- \_\_\_\_\_ Volunteer Supervisor
- \_\_\_\_\_ Instructor/Professor
- \_\_\_\_\_ Child Life Student Supervisor
- \_\_\_\_\_ Supervisor/Manager/Director
- \_\_\_\_\_ Other \_\_\_\_\_

Have you directly seen this applicant interact with children? Yes \_\_\_\_\_ No \_\_\_\_\_

**Total hours** of direct experience with children: \_\_\_\_\_

**Applicant Rating:** Check the rating column that is most reflective of the candidate's skills. Please rate the candidate based on written work and/or work you have directly supervised.

Skill	Met	Not Met	Not Observed
Child Development Knowledge			
Able to apply child development knowledge to practice			
Able to interact with children			
Able to interact with children during stressful events			
Able to interact with adults			
Able to pick up on non-verbal ques			
Awareness of professional boundaries			
Clinical thinking/problem solving			
Verbal communication skills			
Willing to receive and use feedback			
Flexibility			
Dependability			
Completes tasks on time/time management skills			
Self-motivated/taking initiative			
Ability to collaborate with others			

Why you would recommend:

Would you be willing to work with this person again? Yes \_\_\_\_\_ No \_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_