

Child Life Practicum Reference Form

SECTION A- TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT)

Applicant's Name: _____ Date: _____

This student is applying for a Child Life Practicum at UCSF Benioff Children's Hospital, Oakland. Please complete Section B and return or fax this form to:

UCSF Benioff Children's Hospital, Oakland
 Child Life Manager: Sara Devaney
 747 52nd Street
 Oakland, CA 94609-1809
 Fax: (510) 597-7024

SECTION B- TO BE COMPLETED BY EVALUATOR

In what capacity have you known the applicant?

- Academic Program
 Hospital Setting
 Other (please describe): _____

How long have you known the applicant? _____

Characteristics	Excellent	Above Average	Average	Below Average	Needs Improvement	N/A
Knowledge of child development						
Organization skills						
Communication						
Follows directions						
Ability to accept feedback						
Displays motivation to learn						
Punctuality/ attendance						

Comments:

Print Name: _____

Signature: _____

Title: _____

Phone: _____

Email: _____

Date: _____