



### Child Life Student Reference Form

Applicant Name:

Date:

Your Name:

Your Relationship to Applicant:

How long have you known the applicant?

In what context?

May we contact you for further information? Yes                      No

Phone Number:

Email:

The above individual has applied for acceptance into the Child Life student program at MD Anderson Cancer Center. Please evaluate this individual in the following areas:

		Weak	Below Average	Average	Above Average	Out-standing
1.	Maturity					
2.	Problem solving skills					
3.	Ability to accept feedback & constructive criticism					
4.	Functions responsibly and independently					
5.	Motivation to learn					
6.	Interpersonal skills:	Adults				
		Children				
7.	Communication skills:	Adults				
		Children				
8.	Displays motivation and initiative					
9.	Is adaptable/flexible					
10.	Is punctual, prompt and reliable					

Please share with us why you are recommending this individual. What contributions do you feel they will make to the field of Child Life?

**Please return recommendation form in a signed, sealed envelope to the applicant or mail to Thuy Trinh, Student Coordinator, 1515 Holcombe Blvd Unit 87, Houston, TX 77030.**