Applicant Name:_	
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## Rady Children's Hospital-San Diego

### **Child Life Practicum Application Checklist**

(Please enclose with application)

<ul> <li>□ Completed Child Life Practicum Application</li> <li>□ Typed Practicum Application</li> <li>□ Typed Practicum Questionnaire</li> <li>□ Relevant Experience with Children/Adolescents</li> <li>□ Child Life Relevant Coursework</li> </ul>
☐ Current Resume/Curriculum Vitae
<ul> <li>□ Transcripts from each college/university attended (student copies accepted)</li> <li>Institution:</li> <li>□ Enclosed in application (preferred)</li> <li>□ Mailed Separately</li> </ul>
Institution:  □ Enclosed in application (preferred)  □ Mailed Separately
Institution:  □ Enclosed in application (preferred)  □ Mailed Separately
☐2 Letters of Recommendation from non-family members From:
<ul><li>☐ Enclosed in application (preferred)</li><li>☐ Mailed Separately</li></ul>
From:  □ Enclosed in application (preferred)  □ Mailed Separately
Please return the completed information to:  Rady Children's Hospital San Diego

Rady Children's Hospital San Diego 3020 Children's Way Child Life - Practicum Coordinator MC 5126 San Diego, CA 92123

## Rady Children's Hospital- San Diego Application for Child Life Practicum Program

Requested Semester of Practicum:						
Year: (c	check the appropriate box)					
Personal Inform	ation:					
Name:						
Address:						
Phone:						
Email:						
University Information:  Will you be completing this Practicum for school credit? Yes No						
If yes, please provide the following:						
University:						
Name of Sponso	r/Advisor:					
Title:						
Office Phone:						
Email:						

#### **Academic Information:**

Please include information for all universities and colleges attended

Institution	Location	Major	Degree	Graduation Date	GPA

Signed	Date
What other commitments will you have during yo	our practicum?
zayo ana ames (menasy rinasy) you are available	e to talling your production mounds.
Days and times (Monday-Friday) you are available	e to fulfill your practicum nours:

### Please return the completed information to:

Rady Children's Hospital San Diego 3020 Children's Way Child Life - Practicum Coordinator MC 5126 San Diego, CA 92123

# Rady Children's Hospital- San Diego Practicum Questionnaire

(These may be typed on a separate piece of paper. Please limit to 200 words for each answer.)

1.	What are your career goals?
2.	What resources have you used to learn about the child life profession and prepare for this practicum? (pertinent employment, volunteer work, academic courses, independent study, life experiences, career research-internet or Child Life Specialist)
3.	What strengths would you bring to the Child Life practicum?
4.	Please list 5 courses of your academic program and describe how those courses will help you prepare for your career as a Child Life Specialist.
	1.
	2.
	3.
	4.
	5.
5.	What are your expectations of the Child Life practicum?

# Rady Children's Hospital- San Diego

Relevant Experience with Children/Adolescents

Experience	Dates & Total Hours	Supervisor Contact Info	Describe Experience

# Rady Children's Hospital- San Diego

## Relevant Coursework List

Course Title	Where	Year	Term	Grade
Child Development	SDSU	2016	Spring	Α

## Rady Children's Hospital- San Diego Child Life Department

Student Program Recommend	ation Form					
Applicant	Date					
The above individual has appli at Rady Children's Hospital. Th a large medical facility serving	nis individual wil	ll be gaining				
Factor Outstanding	Outstanding	Above Average	Average	Below Average	Weak	
1. Maturity						
2. Problem solving skills						
3. Ability to accept guidance and supervision						
4. Functions responsibly and independently						
5. Motivation to learn						
6a. Interpersonal skills with adults						
6b. Interpersonal skills with children						
7a. Communication skills with adults						
7b. Communication skills with children						
7c. Written communication skills						
Comments:  Name:						
Institution:						
Position:						
Phone #:						
Email Address:						
How long have you known the app In what context?	olicant?					
May we contact you for further info		0				

Return recommendation form in a <u>SEALED</u> envelope to applicant or mail to:

Rady Children's Hospital San Diego Child Life Dept - MC 5126 Attn: Practicum Coordinator 3020 Children's Way San Diego, CA 92123