

**Mercyhealth Hospital – Rockton Avenue**  
**Child Life Internship Reference**

Name of internship applicant: \_\_\_\_\_

Name of person providing reference: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your professional relationship to the applicant? \_\_\_\_\_

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To help us determine if this applicant would be well suited for a child life internship, please respond to the following questions and *mail this completed form directly to:*

**Mercyhealth Hospital – Rockton Avenue**

**Child Life/Pediatrics**

**2400 N. Rockton Ave.**

**Rockford, IL 61103**

**(815) 971-5309**

1. From your experience with this applicant, please describe what you perceive to be his or her:

Strengths:

Challenges/Areas of concern:

2. Please describe the applicant's demonstrated ability to connect and interact with children and families.

3. How would you describe the applicant's:

- Dependability?
- Relationships with co-workers, children, and parents?
- Initiative?
- Communication skills?
- Professionalism?
- Flexibility?
- Tact and confidentiality?
- Ability to work under stress?
- Time management and follow through?

4. Please share any other recommendations or concerns you have about this internship applicant.