



CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

Please mail or fax this application to:
Mary Kelly, Manager, Child Life Department
Children's Hospital Oakland, 747 52nd St., Oakland, CA 94609-1809
Fax: 510-597-7024

Child Life Internship Reference Form

PLEASE PRINT.

Section 1 - TO BE COMPLETED BY THE APPLICANT

Applicant's name _____ Date _____

I am applying for a Child Life internship at Children's Hospital & Research Center Oakland. Please complete Section 2 and return or fax this form ASAP to:

Mary Kelly, MA, CCLS
Manager, Child Life Department
Children's Hospital & Research Center Oakland
747 - 52nd Street, Oakland, CA 94609
Fax: 510-597-7024

Section 2 - TO BE COMPLETED BY THE EVALUATOR

In what capacity have you known the applicant? _____

Academic program Hospital setting _____ # of hours employed / volunteered

How long have you known the applicant? _____

Characteristics	Excels	Satisfactory	Needs improvement	N/A
1. Organizational skills				
2. Communication:				
a) Written skills				
b) Verbal skills				
3. Flexibility				
4. Takes initiative				
5. Follows directions				
6. Punctuality/Attendance				

Comments: _____

Print name _____ Signature _____

Title _____ Phone () _____

Email _____ Date _____

Thank you. Your input is very important to us and is greatly appreciated.