



Child Life Practicum Application

Name: _____ Date: _____

Current Address: _____

Permanent Address: _____

Telephone Number: _____ Email: _____

University/College: _____

Major: _____ Cumulative GPA: _____

Major GPA: _____ Expected Graduation Date: _____

Experience with Hospitalized Children

Hospital or Health Care Volunteer Experience * _____ Yes _____ No (If no, please continue to next section)

Did you work with a pediatric population? _____ Yes _____ No

Were you supervised by a Child Life Specialist? _____ Yes _____ No

Other professional? _____

Name of Institution _____ Department _____

Address: _____

Dates (Month/Year) From _____ To _____ Hours/week _____ Total hours _____

Briefly describe population and responsibilities _____

Volunteer Supervisor _____ Telephone number _____

Experience with Children, Adolescents and Families

1. Name of Agency _____
Experience related to _____ work _____ school _____ volunteering
Address _____

Position/Title _____ Dates (month/year) from _____ to _____
Hours per week _____ Total Hours _____
Briefly describe population and responsibilities _____

Supervisor _____ Telephone Number _____

2. Name of Agency _____
Experience related to _____ work _____ school _____ volunteering
Address _____

Position/Title _____ Dates (month/year) from _____ to _____
Hours per week _____ Total Hours _____
Briefly describe population and responsibilities _____

Supervisor _____ Telephone Number _____

3. Name of Agency _____
Experience related to _____ work _____ school _____ volunteering
Address _____

Position/Title _____ Dates (month/year) from _____ to _____
Hours per week _____ Total Hours _____
Briefly describe population and responsibilities _____

Supervisor _____ Telephone Number _____

Professional, School and Community Involvement

List all relevant completed courses or relevant courses in progress

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List organizations you are currently or recently involved in and your role _____

Please write short essays (no longer than 250 words per question) addressing the following questions:

1. How did you learn about our practicum program and what reasons do you have for wanting to complete a child life practicum at SSM Health Cardinal Glennon Children's Hospital?
2. What are your expectations of a practicum program? What special skills would you bring to a child life practicum?
3. What aspects of a practicum do you anticipate will be challenging for you?
4. What is your personal philosophy when working with children and families in healthcare settings?
5. What resources have you utilized to learn about child life theory and the profession? What steps are you taking to become a child life specialist?
6. Tell us about a time you've met a child's developmental needs through play?