

Rady Children's Application for Child Life Practicum Program

REQUESTED SEMESTER OF PRACTICUM:

Year: _____ (circle the appropriate one) Fall Spring

Name: _____

Address: _____

Phone: _____

E-mail: _____

University: _____ GPA: _____

Major: _____ Graduation Date: _____

Days and Times (Mon-Fri) you are available to be interviewed:

Courses and number of hours to be taken during Practicum:

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. _____

List your experience working with Children:

What are your career goals?

What strengths would you bring to the Child Life Practicum?

What do you hope to gain from your Child Life Practicum?

What resources have you utilized to learn about the Child Life profession?

Signed

Date

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