**Mentee Applicant Recommendation Form**

Name of mentee applicant: Click or tap here to enter text.

Name of recommender: Click or tap here to enter text.

Institution/Organization: Click or tap here to enter text.

Position/Title: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

**How long have you supervised the mentee applicant?**

Click or tap here to enter text.

**What strengths do you feel the applicant will bring to the mentorship process?**

Below is a list of leadership competencies, skills, and circumstances that can serve as potential foci for mentor/mentee relationships in this program. We recognize that everyone will have a different reason for applying, and that original reasons may change during the course of the program. Which of the following would the applicant benefit from working on with a Mentor?

Academics

Alternative Settings

Child Life Overseas

 Clinical Advancement

 Communication and Conflict Management

 Emotional Work/Compassion Fatigue

 Funding (working with donors, grants, philanthropy)

 Grief/Bereavement care and support

Leadership and Management topics

 New program, hospital or role development

 Small-person program

 Student supervision, internship supervision, or practicum supervision

 Specialty Interest (Such as research, chronic illness, competencies, etc.,)

**What is your overall recommendation of this mentee applicant for the ACLP Mentor Program?**

Highly recommend

Recommend

Recommend with reservation

Do not recommend

**I have reviewed the expectations of mentees in the ACLP Mentor Program, and I support the applicant’s participation in the program.**

Signature: Click or tap here to enter text. ­­­­­­­­­­­­­­­­­

Date: Click or tap here to enter text.

Thank you for your assistance!

This form should be returned by the recommender to [mentorship@childlife.org](mailto:mentorship@childlife.org) by 5PM EST on Wednesday, September 1, 2021.