



American Family
Children's Hospital

uwhealth.org/kids

Patient and Family Services Department
Child Development Practicum Student
Application

Summer: _____

Name: _____

Mailing Address:

E-mail Address: _____

Telephone Number: _____

College Attending: _____

Major Area of Study: _____

Year in School: _____

Emergency Contact Name:

Relationship: _____

Phone Number: _____

1. Describe your work/ and or volunteer experiences with children:

2. Why have you chosen to apply for the child development practicum at American Family Children's Hospital?

3. Describe the qualities that you think are necessary for a person working with children.

4. Describe a challenging experience working with a child. What strategies did you utilize in that situation?

5. In addition to your practicum responsibilities, what other obligations will you have? (IE: Summer classes, jobs, etc)