

**Recommendation Form for New York-Presbyterian Morgan Stanley Children's Hospital
Art Therapy Student Intern Applicants**

Applicant Name:

1. Relationship to the applicant:

2. What do you consider the candidate's most outstanding talents or characteristics?

3. What do you feel may be a challenge for the applicant during an art therapy internship?

4. Do you feel an art therapy internship in a pediatric medical setting is appropriate for the applicant at this time? Why or why not? YES NO

What are the applicant's strengths? (i.e. clinical skills, use of supervision, time management, flexibility, creativity etc.)

5. All applicants have areas for improvement- Please describe all challenges or areas of improvement for the applicant? (i.e. clinical skills, use of supervision, time management, flexibility, creativity etc.)

6. *(Please select one)* The recommender...

does not recommend recommends with some reservations recommends strongly recommends
that the applicant be accepted to the NYP Morgan Stanley Art Therapy Internship Program.

7. In comparison with others in similar roles as the applicant whom you have known, how would you rate the applicant with respect to the following qualities? *(Please select one for each category)*

0= Below Average **1=** Average **2=** Above Average **3=** Truly Exceptional **N/A=** Inadequate Opportunity to Observe

- *Problem Solving Skills*
 0 1 2 3 N/A
- *Ability to accept feedback and constructive criticism*
 0 1 2 3 N/A
- *Ability to work with others*
 0 1 2 3 N/A
- *Maturity*
 0 1 2 3 N/A

**Recommendation Form for New York-Presbyterian Morgan Stanley Children's Hospital
Art Therapy Student Intern Applicants**

- *Motivation for art therapy internship*
 0 1 2 3 N/A
- *Innovation/creativity*
 0 1 2 3 N/A
- *Familiarity with different media and use of art materials*
 0 1 2 3 N/A
- *Ability to engage clients that do not enjoy art or do not make art*
 0 1 2 3 N/A
- *Ability to express oneself in writing*
 0 1 2 3 N/A
- *Ability to express oneself orally*
 0 1 2 3 N/A
- *Ability to do independent work*
 0 1 2 3 N/A
- *Communication skills with*
 - Children 0 1 2 3 N/A
 - Families 0 1 2 3 N/A
- *Interpersonal skills with*
 - Children 0 1 2 3 N/A
 - Families 0 1 2 3 N/A

This Recommendation form for applicant was:

Given directly to applicant in signed and sealed envelope
OR

Mailed individually in signed and sealed envelope to the following address:

Susanne Bifano- Art Therapist
c/o Child Life Department, Tower 5, Room 526
NewYork-Presbyterian Morgan Stanley Children's Hospital
3959 Broadway
New York, NY, 10032

Name of Recommender _____
 Signature and Date _____
 Institution/Organization _____
 Position/Title _____
 Address _____
 State _____ Postal Code _____
 Phone _____ Email _____

*By completing this form, you are giving permission to allow the
Creative Arts Therapy Education Committee of New York-Presbyterian Children's Hospital to contact you
regarding the applicant if needed.*

For questions regarding our recommendation process please contact:
 Susanne Bifano Phone: (646) 317-5184 Email: sub9053@nyp.org