

# Huntsville Hospital

## Music Therapy

### INTERNSHIP RECOMMENDATION FORM

Applicant \_\_\_\_\_ Date \_\_\_\_\_

*The above individual has applied for acceptance into the music therapy internship program at Huntsville Hospital for Women and Children. This individual will be gaining experience within the environment of a medical facility that serves a pediatric population.*

	Outstanding	Above Average	Average	Below Average	Weak
1. Maturity					
2. Problem solving skills					
3. Ability to accept guidance and supervision					
4. Functions responsibly and independently					
5. Motivation to learn					
6. Interpersonal skills:					
a. Adults					
b. Children					
7. Communication skills					
a. Adults					
b. Children					
c. Written					

*Please share with us why you are recommending this individual for a music therapy internship. What contributions do you feel he/she will make in the field of music therapy? (You may attach additional comments on another sheet.)*

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Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what context? \_\_\_\_\_

May we contact you for further information?  yes  no

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Return to student in sealed envelope.*