



**MI-AIMH ENDORSEMENT (IMH-E®)
REFERENCE FORM
APPLICANT'S WAIVER CERTIFICATE**

Name of MI-AIMH Applicant: _____
Please Print: (Last) (First)

TO THE APPLICANT: You may voluntarily waive your right to have access to a specific Professional Reference Form written about you in accordance with The Federal Family Education Rights and Privacy Act of 1974, by signing and dating this certificate.

I waive, relinquish and disclaim all my rights to have access to the Professional Reference Form for MI-AIMH Endorsement.

Applicant's Signature

Date

LEVEL IV INFANT MENTAL HEALTH MENTOR - POLICY

To be completed by supervisor/mentor/teacher/colleague (circle).

Name of individual serving as reference: _____

You have been selected to complete the reference form for a service provider/professional applying for endorsement from the Michigan Association for Infant Mental Health (MI-AIMH). The information that you provide on this form will help to establish the applicant's eligibility for the MI-AIMH Endorsement®. Please provide a rating on each of the items based on the context of your work with the applicant. It is not necessary to have directly observed the applicant perform his/her role if you are familiar with the applicant's knowledge & skill based on his/her descriptions, affect, reflections, and changes over time. Thank you for your contribution to maintaining high standards for professionals promoting infant mental health.

For more information about the Endorsement requirements and competency guidelines, please go to <http://mi-aimh.org/level4-requirements>

Please return the form to the applicant in an envelope with your signature over the sealed flap.

Name of Applicant: _____

Applicant's Address: _____

The rating scale is:

- 0 – I do not have enough information to rate/comment
- 1 – Minimal Ability
- 2 – Below Average Ability
- 3 – Average Ability
- 4 – Above Average Ability
- 5 – Exceptional Ability

Theoretical Foundations

1. Has knowledge of and communicates to others early parenthood roles. (*Pregnancy & Early Parenthood*)
0 1 2 3 4 5
2. Has knowledge of and communicates to others typical and/or atypical infant and toddler development and behavior within a relationship context. (*Infant/Very Young Child Development & Behavior*)
0 1 2 3 4 5
3. Understands and supports in policy appropriate clinical interventions for parents, other caregivers, and young children. (*Infant/Very Young Child/Family-Centered Practice*)
0 1 2 3 4 5
4. Is knowledgeable about, communicates to others, and incorporates into policy issues related to effective, culturally and linguistically sensitive, outcome-oriented, relationship-based practice. (*Relationship-Based Therapeutic Practice*)
0 1 2 3 4 5
5. Has knowledge of and communicates to others the importance of nurturing and promoting early developing parent-child relationships. (*Family Relationships & Dynamics*)
0 1 2 3 4 5
6. Understands and communicates to others issues related to attachment, separation, and unresolved losses as they affect the development, behavior, and care of the infant/young child. (*Attachment, Separation, Trauma, & Loss*)
0 1 2 3 4 5
7. Understands and communicates to others risks that threaten the emotional well being of the infant, as well as developmental delays, disturbances, and disorders of infancy. (*Disorders of Infancy/Early Childhood*)
0 1 2 3 4 5
8. Understands and supports in policy, accepted diagnostic tools and classification systems for adult mental disorders and substance abuse. (*Mental & Behavioral Disorders in Adults*)
0 1 2 3 4 5
9. Promotes understanding and respect for ethnicity, culture, individuality & diversity. (*Cultural Competence*)
0 1 2 3 4 5
10. Demonstrates capacity to use research and evaluation to guide one's own decision making. (*Research & Evaluation*)
0 1 2 3 4 5

Law, Regulation, & Agency Policy

11. Promotes following ethical professional guidelines. (*Ethical Practice*)
0 1 2 3 4 5
12. Works within the letter and spirit of federal and state law, agency practices, and professional code of conduct. (*Government, Law, & Regulation; Agency Policy*)
0 1 2 3 4 5

Systems Expertise

13. Understands & incorporates systems thinking in policy & practice development. (*Service Delivery Systems*)
0 1 2 3 4 5

Direct Service Skills

14. Understands importance, and supports in policy, use of reflective supervision. (*Reflective Supervision*)
0 1 2 3 4 5

Working with Others

15. Understands and communicates to others the importance of trusting working relationships with parents and other caregivers on behalf of social and emotional development of infants/toddlers and families. (*Building & Maintaining Relationships*)
0 1 2 3 4 5
16. Works effectively with colleagues across agencies in promoting services for infants/young children and their families. (*Supporting Others*)
0 1 2 3 4 5
17. Mentors others to work as a partner/team member with program and institutional representatives to enhance professional work and/or to educate the community. (*Coaching & Mentoring*)
0 1 2 3 4 5
18. Demonstrates the capacity to collaborate with professionals as needed to improve policy and practice. (*Collaborating*)
0 1 2 3 4 5
19. Provides and/or seeks out consultation, as appropriate, including professionals from other disciplines. (*Consulting*)
0 1 2 3 4 5

Communicating

20. Demonstrates capacity to communicate clearly, honestly, sensitively, and diplomatically. (*Speaking*)
0 1 2 3 4 5
21. Contributes to the practice literature through policy memoranda, manuals, publications and presentations. (*Writing*)
0 1 2 3 4 5

Reflection

22. Attends relevant scientific conferences to maintain the most current and complete understanding about the infant/family field. (*Professional/personal Development*)
0 1 2 3 4 5

Administration

23. Generates and/or disseminates knowledge concerning policy and practice. (*Program Management*)
0 1 2 3 4 5

24. Understands and promotes use of data in policy development and practice. (*Program Development*)
0 1 2 3 4 5

Comments:

Not for official use

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MI-AIMH ENDORSEMENT (IMH-E®)
PROFESSIONAL REFERENCE RATING FORM
TEACHER, SUPERVISOR, CONSULTANT, COLLEAGUE, OR SUPERVISEE

Name of Applicant	
Your Name:	_____
Your Address:	_____

Email address:	_____
Daytime Telephone (including area code):	_____
Credentials/ Discipline/Education:	_____
Years of Work related to infants, toddlers, caregivers, and families:	_____
Current Position:	_____
Relationship to applicant: ___ Supervisor ___ Supervisee ___ Colleague ___ Student	
Briefly describe the nature of your work together or your professional relationship:	

Name and Address of agency or organization where relationship took place:	

You worked with the applicant from (mo./yr.) _____ to (mo./yr.) _____	
I hereby ___ recommend ___ do not recommend this applicant for MI-AIMH Endorsement.	

The information I have provided on this form is correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Please return completed form to the applicant in a sealed envelope with your signature over the flap.