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

Name of MI-AIMH Applicant:				
••	Please Print:	(Last)	(First)	
			ave access to a specific Professional F Rights and Privacy Act of 1974, by s	
I waive, relinquish and disclaim ment.	all my rights to ha	ve access to the	Professional Reference Form for MI	-AIMH Endorse-
Applicant's Signature			Date	
PRO	OFESSIONAL F	REFERENCE	FANT MENTAL HEALTH RATING FORM FOR CALTH SPECIALIST (LEVEL II	II)
To be completed by supervisor/me	entor/consultant/te	eacher/colleagu	e/supervisee (circle).	
Name of individual serving as refe	rence:	CX		
the Michigan Association for Infar establish the applicant's eligibility the context of your work with the if you are familiar with the applica	nt Mental Health (I for the MI-AIMH applicant. It is not nt's knowledge &	MI-AIMH). The Endorsement. I necessary to ha skill based on h	provider/professional applying for end information that you provide on this Please provide a rating on each of the ave directly observed the applicant penis/her descriptions, affect, reflections dards for service providers and professional applying for end in provider and professional applying for end in provider and professional applying for end in provider and provider applying for end in provider applying for end in provider applying for end in provide applying for	s form will help to items based on rform his/her role s, and changes
For more information about the Eraimh.org/endorsement.	dorsement require	ements and com	petency guidelines, please go to	

The	rating	sca	le	1S:

1 – Minimal Ability 2 – Below Average Ability

0-I do not have enough information to rate/comment

3 – Average Ability 4 – Above Average Ability 5 – Exceptional Ability	
Theoretical Foundations	7)
1. Demonstrates knowledge of early parenthood roles. (<i>Pregnancy & Early Parenthood</i>) 0 1 2 3 4 5	45
2. Demonstrates knowledge of infancy and toddler development and behavior within a relation Young Child Development & Behavior)	nship context. (Infant/Very
0 1 2 3 4 5	
3. Demonstrates the ability to identify and acknowledge infant and parent (caregiver) strength caregiver's lead. (<i>Infant/Very Young Child-Family Centered Practice</i>)	is and to follow the parent or
0 1 2 3 4 5	
4. Demonstrates to follow the clinical practice criteria delineated in MI-AIMH's IMH Guideli <i>Therapeutic Practice</i>)	nes. (Relationship-Focused
0 1 2 3 4 5	
5. Demonstrates capacity to nurture and promote early developing parent-child relationships. <i>Dynamics</i>)	(Family Relationships &
0 1 2 3 4 5	
6. Accurately interprets information from informal and formal observations & assessments to strengths, as well as relationship disturbances, disorders, and risks in early childhood families	
Trauma, & Loss) 0 1 2 3 4 5	
7. Demonstrates ability to understand and respect ethnicity, culture, individuality, and diversi 0 1 2 3 4 5	ty. (Cultural Competence)
8. Demonstrates the ability to identify risks that threaten the emotional well being of the infan developmental delays, disturbances, and disorders of infancy. (<i>Disorders of Infancy/Early Ch.</i> 0 1 2 3 4 5	
9. Develops to develop service plans that take into account individual needs, desires, histories strengths, resources, culture, and priorities. (<i>Psychotherapeutic & Behavioral Theories of Chapter of the Computer of Chapter of the Computer of the Compute</i>	
10. Demonstrates capacity to identify/diagnose mental illness in family members, as appropria	ate, using diagnostic tools.
(Mental & Behavioral Disorders in Adults) 0 1 2 3 4 5	
11. Demonstrates the ability to incorporate current research & evaluation to increase knowled health, early development and effective intervention strategies. (<i>Research & Evaluation – Lev</i> 0 1 2 3 4 5	

Law.	Regu	lation.	and	Policy
Law.	IXCEU	ıauvıı.	anu	1 UHCV

						s in service provision; demonstrates and/or teaches the under- Ethical Practice)
						irit of federal and state law, agency policies and practices, and ation; Agency Policy) 5
Systems Exp	ertise					
						nilable resources for infants and families, <i>i.e.</i> , food, housing, munity Resources)
Direct Servi	ce Skills					
		is of basi	c needs a	nd familia		n facing challenges, resolving & reducing likelihood of future t. (<i>Life Skills</i>)
	0	1	2	3	4	5
						er(s) and infant/very young child together to understand the apacities for change. (Observation & Listening) 5
						ons, and formal & informal assessments of infant/very young (Screening & Assessment) 5
18. Demonst enhancing in						tivity to both the infant and the parent/caregiver, promoting and (v)
						aregiving threats to the health and safety of the infant/very ocacy; Safety) 5
						ard, and discussed with parents or other caregivers into a mutu-
ally agreed u	0	1	2	3	4	5
21. Demonstr very young c					evelopme	ental guidance to parents and other caregivers on behalf of their
	0	1	2	3	4	5
						ional support to parents or other caregivers in a manner that children. (Supportive Counseling) 5
parental histo	ories of att	achment	, separation	on, and ur	resolved	young child relationship-based therapies & practices to address losses as they affect the development, behavior, and care of the <i>ionship-Based Therapies & Practices</i>) 5

Working wit	th Others	s				
24. Demonst		ity to wo	rk with a	and respon	ıd to fami	ilies and colleagues in a tactful and understanding manner. (Sup-
rg	0	1	2	3	4	5
	ers on bel					to enter into trusting working relationships with parents and ment of infants/toddlers and families. (<i>Building & Maintaining</i>
1	0	1	2	3	4	5
						ofessionals and/or community service programs as needed for (Collaborating) 5
27. Generates	s new insi	ghts and	workabl	e solution	s to issue	s related to effective, culturally sensitive, relationship-based
practice. (Re						
	0	1	2	3	4	5
28. Demonstr health. (<i>Emp</i>				mpassion	against e	expectation of change when working to promote infant mental
` 1	0	1	Ź	3	4	5
						nember with program and agency representatives to en-
	0	1	2	3	4	5
Communica	ting				(
30. Demonst	rates abil 0	ity to act	ively list 2	en to othe	rs. (<i>Lister</i> 4	ning) 5
31. Demonstratically. (S		ty to esta	blish oth	ers to esta	ablish a ca	apacity to communicate clearly, honestly, sensitively, and diplo-
	0	1	2	3	4	5
Thinking			X			
32 Demonstr	rates cana	city to ba	alance fe	eling and	thinking	using one to fuel or foster the other. (Analyzing Information)
32. Demonstr	0	1	2	3	4	5
					potheses	that might explain a particular dilemma or trouble facing an
infant or fam	0	1 (Solvi	ng Probl 2	iems)	4	5
34. Demonstr	rates capa	city to m	ake good	d judgmer	its, to be f	firm, fair and clear, as well as nurturing and supportive in re-

35. Demonstrates capacity to hold multiple viewpoints, considering simultaneously the infant, the parent and the service

sponse to complexities of infant mental health work. (Exercising Sound Judgment)

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provider/professional. (Maintaining Perspective)

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D (4	4.
Reti	ection

36.	Regularly exam	ines ow	n thoughts	, ,	,	ns, and grov 5	vth. (Contemplation)
37. 1	Understands to n	naintair	appropria	te persoi	nal bounda	aries with a	ill infants and families served. (Self-Awareness)
	0	1	2	3	4	5	` ,
	Demonstrates ca						or parent, noticing details and remaining grounded in the
	0	1	2	3	4	5	
	Enrolls and compersonal Develop		rainings or	coursew	ork to cor	ntinue deve	lopment in the infant/family field. (Profession-
	0	1	2	3	4	5	
40.	Uses reflective p	ractice	to underst	and own	emotiona	l response	to infant/family work. (Emotional Response)
	0	1	2	3	4	5	
41.	Recognizes and	respon	ds appropr	iately to	parallel p	rocess. (Pa	urallel Process)
	0	1		3		5	

Comments:

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

Your Name:
Your Address:
Email address:
Daytime Telephone (including area code):
Credentials/ Discipline/Education:
Years of Work with infants, toddlers, caregivers, and families:
Current
Position:
You are which in relationship to applicant: ☐ Supervisor ☐ Teacher ☐ Consultant ☐ Supervisee ☐ Colleague
Briefly describe the nature of your work together or your professional relationship:
A
Name and Address of agency or organization where mentoring/supervision/consultation/training took place:
You worked with the applicant from (mo./yr.) to (mo./yr.)
If you are/were applicant's reflective supervisor/consultant, did you meet (circle all that apply)
Weekly Biweekly Monthly For a total ofhours
Group Individual
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.