

**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

**MICHIGAN ASSOCIATION FOR INFANT MENTAL HEALTH
PROFESSIONAL REFERENCE FORM FOR
ENDORSEMENT AT LEVELS I & II**

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

Name of individual serving as reference: _____

Level of Endorsement at which individual is applying: _____

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 will help to establish the applicant's eligibility for MI-AIMH Endorsement®. Please provide a rating on each item 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 service providers and professionals promoting infant mental health.

For more information about the Endorsement requirements and competency guidelines, please go to www.mi-aimh.org and click on Endorsement.

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

Name of Applicant: _____

Applicant's Address: _____

Applicant's Daytime Telephone (including area code): _____

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
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Theoretical Foundations

1. Demonstrates knowledge of early parenthood roles. (*Pregnancy & Early Parenthood*)

0	1	2	3	4	5
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2. Demonstrates knowledge of infancy and toddler development and behavior within a relationship context. (*Infant/Very Young Child Development & Behavior*)

0	1	2	3	4	5
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3. Demonstrates the ability to identify and acknowledge infant and parent (caregiver) strengths and follow the parent (caregiver's) lead. (*Infant/Very Young Child-Family Centered Practice*)

0	1	2	3	4	5
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4. Understands and demonstrates the ability to offer emotional support to parents or other caregivers in a manner that strengthens early relationships with infants and young children. (*Relationship-Focused Therapeutic Practice*)

0	1	2	3	4	5
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5. Demonstrates capacity and/or teaches others to nurture and promote early developing parent-child relationships (*Family Relationships & Dynamics*)

0	1	2	3	4	5
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6. Identifies emerging competencies of the infant/very young child within a relationship context; recognizes and addresses risks related to histories of separation, trauma, and/or loss. (*Attachment, Separation, Trauma, & Loss*)

0	1	2	3	4	5
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7. Demonstrates ability to understand and respect ethnicity, culture, individuality, and diversity. (*Cultural Competence*)

0	1	2	3	4	5
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8. Demonstrates the ability to identify risks and delays that threaten the emotional well being of the infant and parent/caregiver. (*Disorders of Infancy/Early Childhood*)

0	1	2	3	4	5
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Law Regulation, & Policy

9. Demonstrates behaviors that reflect the MI-AIMH Code of Ethics in service provision. (*Ethical Practice*)

0	1	2	3	4	5
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10. Demonstrates capacity to work within the letter and spirit of federal and state law, agency policies and practices, and professional code of conduct. (*Government, Law, & Regulation; Agency Policy*)

0	1	2	3	4	5
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Systems Expertise

11. Demonstrates the ability and/or teaches others to identify, obtain and use available resources for infants and families, *i.e.*, food, housing, baby items, child care, medical care, and protection. (*Community Resources*)

0	1	2	3	4	5
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Direct Service Skills

12. Demonstrates ability to promote parental competence in facing challenges, resolving & reducing likelihood of future crises, solving problems of basic needs and familial conflict. (*Life Skills*)

0 1 2 3 4 5

13. Demonstrates the ability to incorporate what is seen, heard, and discussed with parents or other caregivers into a mutually agreed upon service. (*Observation & Listening*)

0 1 2 3 4 5

14. Demonstrates ability to observe, assess, and support infants and toddlers within the context of parent/child interactions and relationships. (*Screening & Assessment*)

0 1 2 3 4 5

15. Demonstrates capacity to respond with emotional sensitivity to both the infant and the parent/caregiver, promoting and enhancing social and emotional well-being. (*Responding with Empathy*)

0 1 2 3 4 5

Working with Others

16. Demonstrates the capacity and/or teaches others to work as a partner/team member with program and agency representatives to enhance/establish programs and/or to educate the community. (*Supporting Others; Mentoring*)

0 1 2 3 4 5

17. Demonstrates ability to establish 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

18. Demonstrates the capacity to collaborate with other professionals and/or community service programs as needed for optimal services for infants, young children and families. (*Collaborating*)

0 1 2 3 4 5

19. Generates new insights and workable solutions to issues related to effective, culturally sensitive, relationship-based practice. (*Resolving Conflict*)

0 1 2 3 4 5

20. Demonstrates the understanding of and respect for individual values and beliefs. (*Empathy & Compassion*)

0 1 2 3 4 5

Communicating

21. Demonstrates ability to actively listen to others. (*Listening*)

0 1 2 3 4 5

22. Demonstrates ability to communicate clearly, honestly, sensitively, and diplomatically. (*Speaking*)

0 1 2 3 4 5

Thinking

23. Demonstrates capacity to see and explain the interaction of multiple factors & perspectives understand the “big picture” when analyzing situations. (*Analyzing Information*)

0 1 2 3 4 5

24. Demonstrates capacity to use multiple strategies to help parents and caregivers understand their role in the social and emotional development of young children. (*Solving Problems*)

0 1 2 3 4 5

25. Demonstrates capacity to make good judgments, to be firm, fair and clear. (*Exercising Sound Judgment*)

0 1 2 3 4 5

26. Understands appropriate personal boundaries with all infants and families served. (*Maintaining Perspective*)

0 1 2 3 4 5

27. Assigns priorities to needs, goals, and actions. (*Planning & Organizing*)

0 1 2 3 4 5

Reflection

28. Regularly examines own thoughts, feelings, strengths, and growth. (*Contemplation*)

0 1 2 3 4 5

29. Demonstrates the ability to seek out and use reflective supervision/ consultation, as appropriate. (*Self-Awareness*)

0 1 2 3 4 5

30. Remains open and curious. (*Curiosity*)

0 1 2 3 4 5

31. Enrolls and completes trainings or coursework to continue development in the infant/family field. (*Professional/Personal Development*)

0 1 2 3 4 5

32. Uses reflective practice to understand own emotional response to infant /family work. (*Emotional Response*)

0 1 2 3 4 5

Comments:

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

Applicant's Name

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?:

Reflective Supervisor/Consultant Program Supervisor Teacher Supervisee Colleague

Briefly describe the nature of your work together or your professional relationship:

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 of _____ hours

Other _____

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.