

**MI-AIMH INFANT MENTAL HEALTH 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® IN CATEGORY IFS**

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

Name of individual serving as reference: _____

Category of Endorsement® for 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. Please note that if the applicant does not waive his or her rights to have access to this Reference Rating, the information you provide may be shared with the applicant, if requested. Thank you for your contribution to maintaining high standards for service providers and professionals promoting infant and early childhood 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 in the areas of pregnancy, prenatal development and early parenthood roles. (*Pregnancy & Early Parenthood*)
 0 1 2 3 4 5
2. Demonstrates the ability to observe and assess the infant/toddler, parent, and their relationship to identify landmarks of typical child development; behavior; and healthy, secure relationships. (*Infant/ Young Child Development & Behavior*)
 0 1 2 3 4 5
3. Supports and reinforces parent's strengths, emerging parenting competencies, and positive parent-infant/toddler interactions. (*Infant/Very Young Child-Family Centered Practice*)
 0 1 2 3 4 5
4. Demonstrates knowledge of infant and toddler development and behavior within a relationship context. (*Relationship-Focused Therapeutic Practice*)
 0 1 2 3 4 5
5. Demonstrates capacity to nurture and promote early developing parent-child relationships (*Family Relationships & Dynamics*)
 0 1 2 3 4 5
6. Identifies emerging competencies of the infant/toddler within a relationship context; recognizes risks related to histories of separation, trauma, and/or loss that may require assistance of other professionals. (*Attachment, Separation, Trauma, Grief & Loss*)
 0 1 2 3 4 5
7. Demonstrates ability to apply understanding of cultural competence to communicate effectively, establish positive relationships with families, and show respect for uniqueness of each client family's culture. (*Cultural Competence*)
 0 1 2 3 4 5
8. Demonstrates the ability to identify risks and delays that threaten the emotional well-being of the infant/toddler and parent/caregiver. (*Disorders of Infancy/Early Childhood*)
 0 1 2 3 4 5
- ### Law Regulation, & Policy
9. Demonstrates behaviors that reflect the Endorsement® Code of Ethics in service provision. (*Ethical Practice*)
 0 1 2 3 4 5
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*)
 0 1 2 3 4 5
11. Demonstrates ability to maintain appropriate personal boundaries with infants/ toddlers and families served, as established by the employing agency. (*Agency Policy*)
 0 1 2 3 4 5

Systems Expertise

12. Demonstrates the ability to collaborate and communicate with other service agencies to ensure that the infant/toddler and family receive services for which they are eligible and that the services are coordinated. (*Service Delivery Systems*)

0 1 2 3 4 5

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

0 1 2 3 4 5

Direct Service Skills

14. 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

15. Demonstrates the ability to formally and informally observe the parent(s) or caregiver(s) and infant/toddler to understand the nature of their relationship, developmental strengths, and capacities for change. (*Observation & Listening*)

0 1 2 3 4 5

16. Demonstrates ability to formally and informally assess the development of infants/ toddlers within the context of parent/child interactions and relationships. (*Screening & Assessment*)

0 1 2 3 4 5

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

0 1 2 3 4 5

18. Advocates for services needed by infants, toddlers and families with the supervisor, agencies, and programs when appropriate. (*Advocacy*)

0 1 2 3 4 5

19. Demonstrates ability to recognize environmental and caregiving risks to the health of the infant/toddler and parents and takes appropriate action. (*Safety*)

0 1 2 3 4 5

Working with Others

20. Demonstrates the capacity to work as a partner/team member within program by modeling appropriate behavior and interventions. (*Supporting Others*)

0 1 2 3 4 5

21. Demonstrates ability to establish trusting working relationships with parents and other caregivers by following the parents' leads, following through consistently on commitments and promises, providing regular communications and updates and understanding and respecting the beliefs and practices of the family's culture. (*Building & Maintaining Relationships*)

0 1 2 3 4 5

22. Demonstrates the capacity to collaborate with other professionals and/or community service programs as needed for effective and coordinated services for infants, toddlers and families. (*Collaborating*)

0 1 2 3 4 5

23. Demonstrates ability to work constructively to find "win-win" solutions to conflicts with colleagues (eg, interagency, peer-peer, and/or supervisee/supervisor conflicts). (*Resolving Conflict*)

0 1 2 3 4 5

24. Works with and responds to families and colleagues in a tactful and understanding manner. (*Empathy & Compassion*)

0 1 2 3 4 5

Communicating

25. Demonstrates ability to actively listen to others and ask questions for clarification. (*Listening*)

0 1 2 3 4 5

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

0 1 2 3 4 5

27. Demonstrates ability to write clearly, concisely, and with appropriate style in creating notes, reports and correspondence. (*Writing*)

0 1 2 3 4 5

Thinking

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

0 1 2 3 4 5

29. Demonstrates capacity to generate new insights and workable solutions to issues related to effective relationship-focused, family-centered care. (*Solving Problems*)

0 1 2 3 4 5

30. Demonstrates capacity to integrate all available information, consult with others, and evaluate alternatives when making important decisions. (*Exercising Sound Judgment*)

0 1 2 3 4 5

31. Demonstrates ability to consider difficult situations carefully. (*Maintaining Perspective*)

0 1 2 3 4 5

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

0 1 2 3 4 5

Reflection

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

0 1 2 3 4 5

34. Demonstrates the ability to seek out and use reflective supervision/ consultation to understand own needs and capacities, as appropriate. (*Self-Awareness*)

0 1 2 3 4 5

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

0 1 2 3 4 5

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

0 1 2 3 4 5

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

0 1 2 3 4 5

Comments:

**MI-AIMH INFANT MENTAL HEALTH 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: _____