

INFANT MENTAL HEALTH ENDORSEMENT® (IMH-E®) REFERENCE FORM APPLICANT'S WAIVER CERTIFICATE

Name of Endorsement® Applicant:				
Tippicana	Please Print:	(Last)	(First)	
TO THE APPLICANT: You may volu written about you in accordance w dating this certificate.				
I waive, relinquish and disclaim ment®.	all my rights to	have access to	o the Professional Refer	rence Form for Endorse-
			. 1	
Applicant's Signature			Date	
PROFESS			M FOR ENDORSEME	NT®
	AS AN INF	ANT FAMILY (IFA)	ASSOCIATE	
To be completed by supervisor/m	ientor/consult	ant/teacher/	colleague (circle).	
Name of individual serving as refer	rence:		,	
Category of Endorsement® for whi	ch individual is	applying:		
You have been selected to complet ment® from a member infant ment help to establish the applicant's elitext of your work with the applicant you are familiar with the application changes over time. Please note that Rating, the information you provid to maintaining high standards for s	tal health assoc gibility for End nt. It is not neco nt's knowledge at if the applican le may be share	iation (IMHA) orsement®. Pleessary to have & skill based on t does not ward with the app	of the Alliance. The info ease provide a rating or directly observed the a on his/her descriptions ive his or her rights to l dicant, if requested. Th	ormation that you provide will n each item based on the con- pplicant perform his/her role , affect, reflections, and have access to this Reference ank you for your contribution
For more information about the Enallianceaimh.org.	ıdorsement® re	equirements ar	nd Competency Guidelin	<i>es</i> ®, please go to
Name of Applicant:				
Applicant's Address:				
Applicant's Daytime Telephone (in	cluding area co	ode):		

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. Demonstrates knowledge in the areas of pregnancy, prenatal development and early parenthood roles. (<i>Pregnancy & Early Parenthood</i>) 0 1 2 3 4 5
 Demonstrates the ability to observe and assess the infant/toddler, parent, and their relationship to identify land- marks 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/ 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. (<i>Relationship-Focused Practice</i>)
0 1 2 3 4 5
5. Demonstrates capacity to nurture and promote early developing parent-child relationships (Family Relationships & Dynamics)
$\begin{array}{cccccccccccccccccccccccccccccccccccc$
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. (<i>Attachment, Separation, Trauma, & Loss</i>)
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. (<i>Cultural Competence</i>)
tence) 0 1 2 3 4 5
Law Regulation, & Policy
8. Demonstrates behaviors that reflect the Endorsement® Code of Ethics in service provision. (<i>Ethical Practice</i>) 0 1 2 3 4 5
9. Demonstrates capacity to work within the letter and spirit of federal and state law, agency policies and practices, and professional code of conduct. (<i>Government, Law, & Regulation</i>) 0 1 2 3 4 5
10. 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

Alliance for the Advancement of Infant Mental Health 13101 Allen Road Southgate, Michigan 48195 \cdot p 734.785.7700 \cdot allianceaimh.org

11. 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)

	U	1	2	3	4	5	
							cources for infants, toddlers and families, <i>i.e.</i> , Community Resources)
13. Den		s ability				tence in facing c nilial conflict. (5	challenges, resolving & reducing likelihood of Life Skills)
			their rela				parent(s) or caregiver(s) and infant/toddler to s, and capacities for change. (Observation & Lis-
	0	1	2	3	4	5	
						ssess the develoning & Assessm	opment of infants/ toddlers within the context nent)
16. Den ent/car	nonstrate egiver, p 0	es capacit romoting 1	y to resp and enh 2	ond with ancing so 3	emotion ocial and 4	l sensitivity to b motional well-b 5	poth the infant/toddler and the pareeing. (Responding with Empathy)
		or service te. (<i>Advoc</i> 2		l by infan 4	ts, todd	rs and families v	with the supervisor, agencies, and programs
		es ability es approp				and caregiving	risks to the health of the infant/toddler and
parents	0	.з арргор 1	2	3	4	5	
19. Den					partner	ream member w	rithin program by modeling appropriate behav-
the par	ents' lead dates and <i>Relations</i>	ls, follow l understa	ing throu anding ar	igh consis nd respec	stently o	commitments a	with parents and other caregivers by following and promises, providing regular communications ices of the family's culture. (<i>Building & Main-</i>
	0	1	2	3	4	5	
							ls and/or community service programs as need- nilies. (<i>Collaborating</i>)
							lutions to conflicts with colleagues (eg, inter-
agency,	peer-pee 0	er, and/o	r supervi 2	see/supe	ervisor c	nflicts). (<i>Resolvi</i> 5	ing Conflict)
23. Wo	rks with a	and respo	onds to fa	ımilies ar	nd collea	ıes in a tactful a	nd understanding manner. (Empathy & Compas-
sion)	0	1	2	3	4	5	
Commi 24. Den	unicating	g es ability		ly listen t 3		nd ask question	s for clarification. (Listening)

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25. Den	nonstrate	s ability	to comm	unicate c	learly, ho	nestly, sensitively	, and diplomatically. (Speaking)
	0	1	2	3	4	5	
			to write	clearly, c	oncisely,	and with appropr	iate style in creating notes, reports and corre-
sponde	nce. (<i>Wri</i>	ting)					
	0	1	2	3	4	5	
Thinki							
							ole factors & perspectives to understand the
"big pic	ture" wh	en analyz	zing situa	itions. (A	lnalyzing	Information)	
	0	1	2	3	4	5	
							utions to issues related to effective relation-
ship-foo	cused, fan	-		-	-	-	
	0	1	2	3	4	5	
20 D				. 11	.1.1.1	· c	
							ult with others, and evaluate alternatives when
making	importai		-	_		-	
	0	1	2	3	4	5	
20 Dam		م مادالنام م		lan diffica	.14	ana aanafullu (Ma	intoining Power active)
30. Den					iit situati 4		intaining Perspective)
	0	1	2	3	4	5	
21 Acc	iane prio	ritios to 1	anade an	alc and	actions (Planning & Organi	igina)
31. ASS	ngiis pi io	1	2	3	4	5	zing)
	U	1	۷	3	4	3	
Reflect	ion						
		aminas o	wyn thou	ahte fool	inac etro	ngthe and growth	areas. (Contemplation)
32. Reg	0	1	2	3	4	5	al cas. (contemplation)
	U	1	2	5	1		
33 Den	onstrate	s the ahi	lity to see	ek out an	d use ref	ective supervision	n/ consultation to understand own needs and
	es, as app					octivo super vision	
capacit	0	1	2	3	4	5	
		-	_	Ü			
34. Rer	nains ope	en and cu	rious. (Curiosity)			
	0	1	2	3	4	5	
35. Enr	olls and c	ompletes	s training	s or cou	rsework t	o continue develo	pment in the infant/family field. (Profession-
	onal Deve					•	, , ,
,	0	1	2	3	4	5	
36. Use	s reflecti	ve practi	ce to und	lerstand	own emo	tional response to	infant /family work. (Emotional Response)
	0	1	2	3	4	5	
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Comments:

ALLIANCE FOR THE ADVANCEMENT OF INFANT MENTAL HEALTH 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, young children, 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 ofhours
Other
I hereby recommend do not recommend this applicant for Endorsement®.
The information I have provided on this form is correct to the best of my knowledge and belief.
Signature: Date:
