

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

Name of Endorsement® Applicant:			
Please Print:	(Last)	(First)	
TO THE APPLICANT: You may voluntarily waive written about you in accordance with The Federa this certificate.			
I waive, relinquish and disclaim all my rights to	o have acces	s to the Professional Refer	ence Form for Endorsement®.
Applicant's Signature		Date	
PROFESSIONAL RI AS AN INFANT MENTA	L HEALTH	FORM FOR ENDORSEM MENTOR – RESEARCH 1-R/F)	
To be completed by supervisor/mentor/consul	tant/teache	er/colleague (circle).	
Name of individual serving as reference:			
Category of Endorsement® for which individual i	s applying:		
You have been selected to complete the reference from a member infant mental health association establish the applicant's eligibility for Endorseme work with the applicant. It is not necessary to ha familiar with the applicant's knowledge & skill ba Please note that if the applicant does not waive h you provide may be shared with the applicant, if standards for service providers and professionals.	(IMHA) of the ent®. Please we directly dased on his/l is or her right requested.	e Alliance. The information provide a rating on each it observed the applicant perform descriptions, affect, refints to have access to this Refinancy your contrib	n that you provide will help to em based on the context of your form his/her role if you are lections, and changes over time. eference Rating, the information
For more information about the Endorsement® r	equirements	s and Competency Guideline	es®, please go to <u>allianceaimh.org</u> .
Name of Applicant:			_
Applicant's Address:			_
Applicant's Daytime Telephone (including area	code):		

0 – I do not have 1 – Minimal Abili 2 – Below Averag 3 – Average Abili 4 – Above Averag 5 – Exceptional A	ity ge Abilit ity ge Abilit	y	tion to ra	te/comr	nent	
Theoretical Fou 1. Empirically st parenthood roles	udies ar	nd/or tea	aches othe	ers know	vledge in	the areas of pregnancy, prenatal development and early
0	1	2	3	4	5	
						typical and atypical infant/toddler development and behavior ment & Behavior)
						and practice intended to increase the extent or effectiveness of mily Centered Practice)
4. Empirically storelationship. (<i>Re</i> 0						s that reinforce and nurture the caregiver-infant/ toddler
5. Empirically stu 0	udies an 1	d/or tea 2	ches knov 3	vledge o 4	of family r 5	relationship development. (Family Relationships & Dynamics)
	text; and	l about r	isks relate	ed to his	tories of	nerging competencies of the infant/ young child within a separation, trauma, and/or loss that may require assistance of $f \& Loss$
7. Applies unders wide range of pe 0						nicate effectively and establish positive relationships with a ence)
	rengths,	as well				al and formal observations and assessments to identify nd/or emotional disturbance in infant/toddler. (<i>Disorders of</i>
9. Empirically studesires, history, l	lifestyle	d/or tea , concerr	chers oth	ers abou hs, reso	it the dev urces, and	velopment of service plans that account for unique needs, and priorities of each infant/toddler and family.
(Psychotherapeu 0	tic & Bel 1	navioral 2	Theories of	of Chang 4	e) 5	
10. Empirically s disorders and su 0						oted diagnostic tools and classification systems for adult mental sorders in Adults)
	er oppoi					rventions as part of conferences, workshops, university ant mental health principles and practice. (Adult Learning
0	1	2	3	4	5	
12. Encourages u 0	ıse of da 1	ta to im _] 2	prove infa 3	nt ment 4	al health 5	practice. (Statistics)
		12				ancement of Infant Mental Health

The rating scale is:

					process and outcomes OR promotes research projects intended to alth, early development, and effective interventions. (<i>Research &</i>
0	1	2	3	4	5
Law Regulation 14. Demonstrat 0			ehaviors 3	that refle 4	ect the Endorsement® Code of Ethics. (<i>Ethical Practice</i>) 5
					to provisions and requirements of federal, state, and local laws rly intervention, child protection). (<i>Government, Law, & Regulation</i>) 5
	recomme				agencies, service systems, legislative bodies, and programs, develops eeds and best interests of the infant/young child within the context of
0	1	2	3	4	5
	xpert kno				ery systems and community resources to make decisions and
recommendation 0	ns. (<i>Servic</i> 1	ce Deliver 2	y Systems 3	5 <i>)</i> 4	5
					services available through formal service delivery systems, through ts. (<i>Community Resources</i>) 5
infant/young ch (Observation & L	studies an ild to und Listening)	erstand t	the natur	e of their	o formally and informally observe the parent(s) or caregiver(s) and relationship, developmental strengths, and capacities for change.
0	1	2	3	4	5
					t the importance of infant and young childhood service system t and use of diagnostic tools. (<i>Screening & Assessment</i>) 5
	r, and/or	the supe			to respond with emotional sensitivity to the infant/young child, the promoting and enhancing social and emotional well-being.
			ches othe	ers about	services needed by infants/young child(ren) and families and
					ognize environmental and caregiving risks to the health of the te action. (<i>Safety</i>) 5
	that inclu				It the importance of infant and young childhood mental health service ent of trusting relationships, and service planning. (<i>Intervention</i> &
0	1	2	3	4	5

25. Empirically stand cognitive dev					what systems and professionals can do to promote health, language, tal Guidance) 5
					pport parental competence in facing challenges, resolving crises and plems of basic needs and familiar conflict. (Supportive Counseling) 5
	tionship-	based th	erapeutic		infant and young childhood mental health service system delivery infant/young child interventions. (Parent-Infant/ Young Child
0	1	2	3	4	5
28. Empirically st	tudies and 1	d/or teac 2	hes other	s about 1	reflective supervision. (Reflective Supervision) 5
	aintains e				tionships with a broad range of people including families, colleagues,
agency and comm Relationships)	nunity rep	oresentat	tives, and	or legis	slators, as the individual role requires. (Building & Maintaining
0	1	2	3	4	5
30. Works effect: (Supporting Othe		colleagu	ies across	agencie	es in promoting services for infants/young children and their families.
0	1	2	3	4	5
31. Provides guid <i>Mentoring</i>)	lance and	feedbacl	k to novic	e staff, g	graduate students, and other colleagues as requested. (Coaching and
0	1	2	3	4	5
32. Actively parti		nd works	cooperat	tively wi	ith interagency teams, planning committees, and ongoing work
0	1	2	3	4	5
33. Demonstrates	s ability to 1	o work co 2	onstructiv 3	ely to fii 4	nd "win-win" solutions to conflicts. (<i>Resolving Conflict</i>) 5
34. Interacts with 0	other pr 1	ofession: 2	als in a ta 3	ctful and 4	d understanding manner. (Empathy & Compassion) 5
35. Demonstrates and order to the					s quickly with the objective to eliminate the crisis and restore calm
0	1	2	3	4	5
systems, taking in	nto accou sed work	nt needs, , advocat	goals, co e for poli	ntext, an	nmendations to programs, agencies, legislative bodies, and service and constraints to develop policy and procedure that support gram, and/or system improvements and to obtain funding and other
0	1	2	3	4	5
Leading People					
37. Models perso health. (<i>Motivati</i>		nitment a	nd empat	thy in pr	romotion of all aspects of the practice of infant and toddler mental
0	1	2	3	4	5
38. Uses influenc mental health pri					y own and others' expert knowledge, to promote effective infant Advocacy)
0	1	2	3	4	5

Alliance for the Advancement of Infant Mental Health

	fective in	fant men			es, reporting employees, and clients in a range of skills to help them ioners, positively contributing human beings and culturally sensitive
0	1	2	3	4	5
Communicating 40. Demonstrate		nd suppo	orts other	rs to activ	ively listen to others and ask questions for clarification. (<i>Listening</i>)
0	1	2	3	4	5
41. Demonstrate (Speaking)	s ability a	nd suppo	orts other	rs to com	nmunicate clearly, honestly, sensitively, and diplomatically.
(<i>Speaking</i>)	1	2	3	4	5
creating books, p	oolicy me	moranda	, contract	ts, article	Fothers to write clearly, concisely, and with appropriate style in es, research, web content, grant applications, instructional and
meeting material	s, reports 1	2	responae 3	4	riung) 5
Ü	1	_	5	1	
43. Effectively factor 0	cilitates si 1	mall grou 2	ıps (eg, ir 3	nterdisci _l 4	iplinary or interagency teams). <i>(Group Process)</i> 5
Thinking 44. Demonstrate understand the "	es capacity big pictur 1	y and enc e" when 2	courages analyziną 3	others to g situatio 4	o see and explain the interaction of multiple factors & perspectives to ons. (<i>Analyzing Information</i>) 5
					of others to generate new insights and workable solutions to issues tered care. (<i>Solving Problems</i>) 5
					of others to integrate all available information, consult with others, ecisions. (Exercising Sound Judgment) 5
47. Demonstrate. <i>Perspective</i>)	s ability a	nd suppo	orts the a	bility of o	others to consider difficult situations carefully. (Maintaining
0	1	2	3	4	5
	tes a sequ	uence for	, and pric	oritizes ta	asks necessary to perform role and achieve goals. (Planning &
Organizing) 0	1	2	3	4	5
Reflection 49. Regularly examples or me				ngs, strer	ngths, and growth areas and discusses issues and/or concerns with
0	1	2	3	4	5
50. Seeks a high o	degree of 1	congruer 2	nce betwo	een self-p 4	perception and the way others perceive him/her. (Self-Awareness) 5
51. Remains and 0	supports	others to	o remain 3	open and	nd curious. (<i>Curiosity</i>) 5
				trends in	n infant/young child development and infant mental health practice.
(Professional/Per 0	rsonai Dev 1	velopmen 2	<i>t</i>) 3	4	5
53. Uses results 0	of reflecti 1	on to ide 2	ntify area	as for per 4	ersonal development. (<i>Emotional Response</i>) 5

54. R	ecognizes	and resp	ponds app	oropriate	ly to par	allel prod	ess. (Parallel Process)
	0	1	2	3		5	
Rese	arch and	Evaluat	ion				
							ners about infant/toddler relationships and attachment that ildhood Relationships and Attachment)
	0	1	2	3	4	5	
							s, young children, parents, and caregivers based on sound and Behavior)
	0	1	2	-	4	5	
57. (Generates	research	question	s related	to OR te	aches oth	ners about the study of families. (Study of Families)
	0	1	2	3	4	5	
Com	ments:						

ALLIANCE FOR THE ADVANCEMENT OF INFANT MENTAL HEALTH INFANT MENTAL HEALTH ENDORSEMENT® (IMH-E®) PROFESSIONAL REFERENCE RATING FORM TEACHER, SUPERVISOR, CONSULTANT, COLLEAGUE

Your Name:				
Your Address:				151
Email address:				
Daytime Telephone (including area co	ode):			
Credentials/Discipline/Education:				
Years of Work with infants, young chi	ldren, caregivers, and fa	milies:		
Current Position:				
You are which in relationship to appli	cant?:			
Reflective Supervisor/Consultant	Program Supervisor	Teacher	Supervisee	Colleague
Briefly describe the nature of your wo	ork together or your pro	fessional relat	ionship:	
Name and Address of agency or organ	nization where mentorin	g/supervisior	n/consultation/t	raining took place:
You worked with the applicant from (mo./yr.)	to (mo./yr.)		_
If you are/were applicant's reflective Weekly Biweekly Monthly Other	supervisor/consultant, o		-	oply)
I hereby recommend do	o not recommend this ap	plicant for End	dorsement®.	
The information I have provided on this fo	orm is correct to the best	of my knowled	dge and belief.	
Signature:				