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

Name of MI-AIMH Applicant:				
	Please Print:	(Last)	(First)	
TO THE APPLICANT: You may written about you in accordance wi this certificate.	voluntarily waive th The Federal Fa	your right to ha mily Education	ve access to a specific Professional Rights and Privacy Act of 1974, by	Reference Form signing and dating
I waive, relinquish and disclaim a ment.	all my rights to ha	ve access to the	Professional Reference Form for M	i-AIMH Endorse-
Applicant's Signature			Date	7
PRO	FESSIONAL R	EFERENCE	FANT MENTAL HEALTH RATING FORM FOR H MENTOR – CLINICAL (LEV	EL IV)
To be completed by supervisor/med	ntor/consultant/te	acher/colleagu	e/supervisee (circle).	
Name of individual serving as refer	rence:	CX	\	
the Michigan Association for Infan establish the applicant's eligibility the context of your work with the a if you are familiar with the applican	t Mental Health (! for the MI-AIMH pplicant. It is not nt's knowledge &	MI-AIMH). The Endorsement. I necessary to ha skill based on h	provider/professional applying for estimation that you provide on the please provide a rating on each of the ve directly observed the applicant pois/her descriptions, affect, reflection lards for service providers and professions.	s form will help to e items based on erform his/her role s, and changes
For more information about the Enaimh.org/endorsement.	dorsement require	ments and com	petency guidelines, please go to	

CD1				
The	rating	SCA	le.	10.

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	
1. Demonstrates and supports the development of knowledge of pregnancy & early parenthood roles in reflective supervision/consultation provided to others. (<i>Pregnancy & Early Parenthood</i>) 0 1 2 3 4 5	vi-
2. Demonstrates and supports the development of knowledge of infancy and toddler development and behavior within a relationship context in reflective supervision/consultation provided to others. (<i>Infant/Very Young Child Development & Behavior</i>)	
0 1 2 3 4 5	
3. Demonstrates and supports the ability to identify and acknowledge infant and parent (caregiver) strengths and to follothe parent or caregiver's lead in reflective supervision/consultation provided to others. (<i>Infant/Very Young Child-Family Centered Practice</i>)	
0 1 2 3 4 5	
4. Demonstrates and supports the development of others to follow the clinical practice criteria delineated in MI-AIMH's IMH Guidelines in reflective supervision/consultation provided to others. (Relationship-Focused Therapeutic Practice) 0 1 2 3 4 5	3
5. Demonstrates and supports the development of others to nurture and promote early developing parent-child relationshin reflective supervision/consultation provided to others. (<i>Family Relationships & Dynamics</i>) 0 1 2 3 4 5	hips
6. Accurately interprets information from informal and formal observations & assessments to identify capacities and strengths, as well as relationship disturbances, disorders, and risks in early childhood families in reflective supervision/consultation provided to others. (Attachment, Separation, Trauma, & Loss) 0 1 2 3 4 5	
7. Demonstrates ability and supports the development of others to understand and respect ethnicity, culture, individuality and diversity in reflective supervision/consultation provided to others. (<i>Cultural Competence</i>) 0 1 2 3 4 5	ty,
8. Demonstrates the ability and supports the development of others to identify risks that threaten the emotional well being of the infant/very young child as well as developmental delays, disturbances, and disorders of infancy in reflective super sion/consultation provided to others. (<i>Disorders of Infancy/Early Childhood</i>) 0 1 2 3 4 5	
9. Develops and teaches others to develop service plans that take into account individual needs, desires, histories, lifesty concerns, strengths, resources, culture, and priorities in reflective supervision/consultation provided to others. (<i>Psychotherapeutic & Behavioral Theories of Change</i>)	
0 1 2 3 4 5 10. Demonstrates capacity and supports the development of others to identify/diagnose mental illness in family members	s,
as appropriate, using diagnostic tools in reflective supervision/consultation provided to others. (Mental & Behavioral D orders in Adults)	
0 1 2 3 4 5	
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	arding inf				of others to incorporate current research & evaluation to in- elopment and effective intervention strategies. (<i>Research</i> &
0	1	2	3	4	5
Law, Regulation, and	d Policy				
	lerstandir	ng of and			e MI-AIMH Code of Ethics in service provision; demonstrates ual values and beliefs in reflective supervision/consultation pro-
0	1	2	3	4	5
	fessional	code of c			nin the letter and spirit of federal and state law, agency policies e supervision/consultation provided to others. (<i>Government</i> ,
0	1	2	3	4	5
Systems Expertise					
	e., food,	housing,	baby item	is, childca	t of others to identify, obtain and use available resources for are, medical care, and protection in reflective superviews)
Direct Service Skills					8, C) Y
	likelihoo	d of future	e crises, s		others to promote parental competence in facing challenges, oblems of basic needs and familial conflict in reflective supervi-
young child together t	o underst	and the n	ature of t	heir relati	others to observe the parent(s) or caregiver(s) and infant/very onship, developmental strengths, and capacities for change in servation & Listening)
	very you	ng child d	evelopm	ent, in acc	ners to conduct observations, discussions, and formal & informal cordance with established practice in reflective supervi- nent)
					tivity to the infant, the parent/caregiver, and the supervi- th. (Responding with Empathy)
					nvironmental and caregiving threats to the health and safety of te action. (Advocacy; Safety) 5
					ers to incorporate what is seen, heard, and discussed with parents ntervention/Treatment Planning) 5
	n behalf				of others to offer appropriate developmental guidance to parents in reflective supervision/consultation provided to others. (De -
0	1	2	3	4	5
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						tional support to supervisee/consultee in a manner that strength- rry young children served. (Supportive Counseling) 5
based therap	ies & prac	ctices to p	oarental hi	istories of	attachm	f others to engage in parent-infant/very young child relationship- ent, separation, and unresolved losses as they affect the devel- ent-Infant/Very Young Child Relationship-Based Therapies &
,	0	1	2	3	4	5
	with famil	ies includ	ding obser	rvation of	feelings	es supervisees/consultees to use the relationship to reflect upon & thoughts and effects of treatment relationships and specific <i>l IV</i>) 5
Working w	ith Others	S				
						others to work with and respond to families and colleagues in a consultation provided to others. (Supporting Others)
	0	1	2	3	4	5
ents and oth	er caregivensultation	ers on bel	half of soo	cial and e	motional	ty of others to enter into trusting working relationships with par- development of infants/toddlers and families in reflective su- intaining Relationships)
	0	1	2	3	4	5
						nt others to collaborate with other professionals and/or commufants, young children and families. (<i>Collaborating</i>)
				solution		s related to effective, culturally sensitive, relationship-based etive supervision/consultation provided to others. (<i>Resolving</i>
	0	1	2	3	4	5
when worki						n others to balance compassion against expectation of change expervision/consultation provided to others. (Empathy & Com-
passion)	0	1	2	3	4	5
						ent of others to work as a partner/team member with program and or to educate the community. (<i>Mentoring</i>) 5
Communic	ating					
31. Demons			upports th	e develop	oment of	others to actively listen in reflective supervision/consultation
	0	1	2	3	4	5
						lopment of others to establish a capacity to communicate clearly, vision/consultation provided to others. (<i>Speaking</i>) 5

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Tì	hir	ıki	ng

						e feeling and thinking, using one to fuel or foster the other in alyzing Information) 5
	emma or					f others to generate multiple hypotheses that might explain a mber in reflective supervision/consultation provided to others.
	0	1	2	3	4	5
						f others to make good judgments, to be firm, fair and clear, as s of infant mental health work. (Exercising Sound Judgment) 5
	e parent a					f others to hold multiple viewpoints, considering simultaneously in reflective supervision/consultation provided to others. (Main-
	0	1	2	3	4	5
Reflection						
37. Regularly flective super						and growth and supports the development of this skill in in re- emplation) 5
38. Maintains <i>Awareness</i>)	s appropr	iate perso	nal boun	daries wi	th all infa	nts, families, and supervisees/consultees served. (Self-
Awareness)	0	1	2	3	4	5
	d remain	ing groun	ded in th	e factual		of others to wonder about a baby or relationship or parent, notice ered through observation and inquiry in reflective supervi-
	0	1	2	3	4	5
						nue development in the infant/family field and encourages this in fessional/Personal Development) 5
41. Uses refl supervision/c						esponse to infant/family work and facilitates this in reflective esponse) 5
42. Recognia	zes and re	esponds a) ppropriat	elv to par	allel proc	ess and encourages this in reflective supervision/consultation
provided to o				3	4	5
Comments:						

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

Name of Applicant
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:
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
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.