

**IECMHC TRAINING PROGRAM (2024-25)
RECOMMENDATION FORM**

Name of Applicant _____

Name of Respondent _____

Position / Title of Respondent _____

To the Applicant

This recommendation will become part of your admissions file. It will be used only for admissions consideration and will not be disclosed to any unauthorized individual without your consent.

Applicant Signature _____ **Date** _____

To the Respondent

The person named above is applying for admission to the Infant/Early Childhood Mental Health Consultation (IECMHC) Training Program at the Center for Early Relationship Support. This program is an advanced learning opportunity for professionals from early childhood education, child development and mental health to train to become Infant/Early Childhood Mental Health Consultants (IECMHC). The goal of the program is to improve services for children and families who are Black, Indigenous, and People of Color (BIPOC). Our primary strategies to achieve this goal are to increase the numbers of BIPOC and bilingual providers in the IECMH consultation field, and to promote a model of IECMH consultation practice that centers principles of diversity and equity.

You have been selected by the applicant as someone who can be helpful to us in evaluating the applicant's qualifications and readiness to participate in our training program. ***We ask that you answer the questions in section one as fully as possible in a written letter, and complete the remaining sections on this form.***

To facilitate the applicant's opportunity for admission, please return this form and your attached letter as soon as possible to iecmhconsultation@jfcsboston.org or to Lisa McElaney, CERS, Jewish Family & Children's Service, 1430 Main Street, Waltham, MA 02451.

I. Written Statement

- 1. Please write a statement about the applicant’s qualifications for this training program. We are hoping to attract individuals with qualities including self-reflection, the ability to manage strong feelings in themselves and others, teamwork, and follow through. We invite you to reflect on those as you write your statement.**

Include answers to the following questions in your statement:

- a.) In what capacity and for how long have you known the applicant? If you have personal knowledge of experience the applicant has had in social services or early childhood education, indicate the nature of this experience and your assessment of the applicant’s performance.
- b.) What do you consider the applicant’s major strengths?
- c.) What are the applicant's areas for further development?

II. Summary Evaluation

_____ I *strongly recommend* this applicant for admission and feel that the applicant has the capability to perform at a superior level.

_____ I *recommend* this applicant for admission and feel the applicant’s performance should be comparable to that of most training participants.

_____ I feel that the *applicant’s qualifications are marginal*, but if admitted, the applicant would make a valuable contribution to the IECMHC field.

_____ I *do not recommend* this applicant for admission to the IECMHC training program.

Please check this box if you would be willing to have an IECMHC team member contact you with any follow-up questions.

Name, Title (please print) _____

Telephone Number _____ **E-mail Address** _____

Signature of Recommender _____ **Date** _____