



Checklist for Writers of Letters of Recommendation for Applicants for Endorsement as Mental Health Specialist, Transdisciplinary Mental Health Practitioner, or Advanced Transdisciplinary Mental Health Practitioner

For complete endorsement requirements please refer to the [California Compendium of Training Guidelines, Personnel Competences, and Professional Endorsement Criteria for Infant-Family and Early Childhood Mental Health](#)

To the applicant: Please provide this checklist to the individuals from whom you request letters of recommendation; it can facilitate their writing.

To the writer of the letter of recommendation:

Thank you for taking the time to write a letter of recommendation. As the letter writer, ideally you are also the individual who provided reflective practice facilitation and supervision to the applicant. To facilitate decisions regarding the applicant's qualifications, all letters of recommendation should include the following:

- √ Name of the applicant.
- √ Title of the endorsement category (MHS, TMHP, ATMHP) and age group (prenatal to 3, 3 to 5, or prenatal to 5) for which the applicant is applying.
- √ The total number of reflective practice hours you provided to the applicant as the Reflective Practice Facilitator for their clinical/direct service work with children and families.
- √ Time frame of your supervision of the applicant (i.e. *June 2012 to Oct 2013*).
- √ Duration, type, and frequency of the reflective practice facilitation (i.e. two-hour monthly group, one-hour bi-weekly individual session).
- √ Your relationship to the applicant, (e.g. agency supervisor, training program facilitator).
- √ Short statement about the applicant's direct service to children and families, including such details as the applicant's strengths in the area of dyadic intervention; relationship-based assessment; and understanding family, cultural, and developmental impact of social-emotional functioning.
- √ Your impressions of the applicant's capacity to make use of the reflective practice experience for professional development.
- √ Your job title and a brief description of your role at the agency and the clients you serve.



CALIFORNIA CENTER
for Infant-Family and Early Childhood Mental Health
at WestEd Center for Prevention & Early Intervention

√ Your original signature on the letter, written on your official letterhead. If you have retired or do not have official letterhead, please indicate that in your letter.

** Ideally the person who has been providing the reflective practice facilitation (RPF) for a TMHP/ATMHP/MHS applicant, should be the person who provides the letter of recommendation.

**In an application where the trainer is providing a letter of recommendation from an Infant-Family Early Childhood Mental Health training program, we also request a second letter from the applicant's agency supervisor who knows the applicant's work over a period of at least one year. Training programs may only provide the minimum RPF in groups therefore trainers may not be able to speak to applicant's direct services work at the agency.