**EXPERIENCED PRACTITIONER REFERENCE Form**

(To be completed by Mentor/Supervisor/Peer Consultant of Applicant)

 **Applicant’s Name: Applicant’s Institution or Affiliation:**

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 **Reference’s Name: Reference’s Current Position:**

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 **Reference’s Mailing Address: Reference’s Phone and Email Address:**

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|       | **Phone:**       **Email Address:**       |

 **How Long and in what Capacities has the Reference Known the Applicant?**

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**Reference is listed in the Registry of Approved Mentors? [ ]** Yes (check one): **[ ]** CMPC **[ ]** non-certified mentor

 **[ ]** No

**Please comment on the applicant’s professional knowledge, skills, and abilities by providing responses to the domain items below:**

**I. Rapport, Roles, and Expectations** – ability to establish and maintain rapport with client/performer(s), explain the professional/consultant role, explain what is expected of client/performer(s), and explain/describe/clarify the consulting process.

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**II. Assessment** – ability to obtain and summarize individual, team/group, and organizational assessment data and information pertaining to performance (e.g., interviews, direct observation

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**III. Goals, Outcomes, and Planning** – ability to integrate and evaluate assessment data, collaborate with client/ performer(s) and members of the performance team to formulate a plan, and identify resources/barriers related to the achievement of goals and desired outcomes.

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**IV. Implementation** – ability to implement a performance plan combining awareness, education, and action and provide/obtain feedback as client/performer(s) work toward achieving goals and desired outcomes.

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**V. Evaluation** – ability to assess progress, reset goals, and/or revise implementation strategies and techniques, obtain feedback from client/performer(s) and/or coaches/leadership on consultant effectiveness, and conclude the professional relationship based upon client and/or professional opinion.

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**VI. Professional Issues** – ability to maintain/enhance professional competence, practice in a manner consistent with applicable laws and the AASP ethics code, engage in self-reflective practice, recognize and prevent own biases/stereotypes/misconceptions from interfering with relationships with client/performer(s), and recognize limits of own knowledge and skills and refer/seek collaboration with other qualified professionals

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**Reference Recommendation** (check one)**:** I do [ ]  do not [ ]  recommend this applicant be approved for certification.

Reference Signature Date