Recommendation Form
Supervisor

The person who completes this Supervisor Recommendation Form should be familiar with your work and qualifications to provide family support and advocacy (or related) services in either a paid or volunteer position.

The applicant completes and signs Part A and then gives this form to their Supervisor who completes and signs Part B. This form will be submitted along with the supervisor's letter of recommendation.

A

APPLICANT: I authorize contact by FTNYS of employers listed on my application to give any and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.

Applicant's Signature _____ Applicant's Name (Printed) _____ Date _____

B

SUPERVISOR: I verify that the above individual is applying for a *Family Peer Advocate Credential*. I understand that this is an entry level credential for individuals providing peer-to-peer family advocacy and support services. As a part of the credentialing process, the applicant must document his/her intent to follow the Family Peer Advocate Code of Ethics; maintain high professional standards; and, possess the skills necessary to work with parents/caregivers of children with social, emotional and/or behavioral challenges (individually and in groups) to guide, assist and empower these parents to best meet the needs of their child and family in collaboration with other providers in the community. As a supervisor of this applicant, I endorse their candidacy and attest that, to the best of my knowledge, the applicant meets these criteria.

Please note that this form and your letter of recommendation will become part of the applicant's credential file which can be reviewed by the applicant and, if requested by the applicant, provided to future employers.

Supervisor's Signature/Title _____ Date _____

Supervisor's Email Address _____ Work Phone _____

How long have you known this applicant?
Briefly, in what capacity have you known the applicant?
IMPORTANT! Please attach your typed letter of recommendation to this form. In your letter, please describe why you feel this individual is/is not a good candidate to be credentialed as a Family Peer Advocate. If you do not feel you have sufficient knowledge of the applicant to respond to this question, please indicate this. Please specifically describe the applicant's relevant experience, their capacity to support and empower parents/caregivers, their capacity to work collaboratively with other professionals, and their capacity to work in a manner that is consistent with the principles of family-driven care.