



## REFERENCE FROM COLLEAGUE

### APPLICATION FOR CERTIFIED PLAY THERAPIST

#### Applicant Information:

Name	
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#### Colleague's Information:

Name	
Address	
Phone number	
Email	

1. Number of years you have known the applicant's work : \_\_\_\_\_
2. On the scale below, rate the applicant's overall abilities as a professional Play Therapist.  
Excellent       Very Good       Good       Fair       Poor
3. To the best of your knowledge, does the applicant have adequate knowledge of child development, psychotherapy and play therapy theory and techniques to be recommended without reservation:  
Yes       No

If no, please explain:

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4. Would you recommend the applicant as a therapist to others and their children?  
Yes  No

If no, please explain:

5. Please describe the applicant's strengths as a Play Therapist:

6. Please describe the applicant's areas for growth as a Play Therapist:

7. Other comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance! Once completed, please email or mail this form to the applicant in a signed and sealed envelope.