



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:

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.