

CONTINUING TEMPORARY APPROVAL FOR SCHOOL SOCIAL WORKER

The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.

Candidate's Name: Last Name _____ First Name _____ MI _____
ISD Name: _____ ISD Code #: _____
LEA Name: _____ LEA Code#: _____
Program Category: _____ Program Category Code #: _____
University/College _____ University/College Code #: _____
Effective Date: Month ____ Date ____ Year ____

- YES NO 1. This candidate received temporary approval as a school social worker in the previous school year and a copy of the approval letter is on file. (attach copy)
YES NO 2. This candidate will continue to be employed as a school social worker during the current school year.
YES NO 3. Personnel signatures by the employer and ISD.

PERSONNEL SIGNATURES:

LEA/ Employer _____ Date _____
ISD Superintendent/Designee _____ Date _____

Return To: _____
(ISD Contact) _____
Telephone #: _____

cc: Intermediate School District
School District
Candidate
University/College (if applicable)