

## CONTINUING TEMPORARY APPROVAL FOR SCHOOL SOCIAL WORKER

**Note:** Documentation that supports the following statements must be maintained in this candidate's file for audit purposes. The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Birth Year: \_\_\_\_\_

ISD Name: \_\_\_\_\_ LEA Name: \_\_\_\_\_

University/College: \_\_\_\_\_

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

School Year: \_\_\_\_\_

**Yes      No**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. This candidate has 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). |
| _____ | _____ | 2. This candidate will continue to be employed as a school social worker during the current school year.  |
| _____ | _____ | 3. Personnel signatures by the employer and ISD.  |

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**PERSONNEL SIGNATURES:**

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LEA/Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ISD Superintendent/Designee Signature

\_\_\_\_\_  
Date

Return to: \_\_\_\_\_

cc: Intermediate School District

(ISD Contact) \_\_\_\_\_

School District

\_\_\_\_\_

Candidate

Telephone #: \_\_\_\_\_

University/College (if applicable)