

FULL 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 has completed one year of successful experience as a school social worker under temporary or continuing temporary approval with direction from a fully approved school social worker.
YES NO 2. Name of the fully approved school social worker who provided the one year of direction to this candidate:
YES NO 3. The candidate held temporary/continuing temporary approval as a school social worker during the professional year of experience and a copy of these approvals are on file. (attach copy)
YES NO 4. This candidate's performance during the professional year of experience under approval was successful.
YES NO 5. Personnel signatures by the employing superintendent and ISD.

PERSONNEL SIGNATURES:

Superintendent of Employing District \_\_\_\_\_ Date \_\_\_\_\_
ISD Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

Return To: \_\_\_\_\_
(ISD Contact) \_\_\_\_\_
Telephone #: \_\_\_\_\_

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