

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. The ISD has received a copy of the University/College form REC: SSW-310 recommending this candidate for temporary approval as a school social worker. Indicate "yes" if this is a request for a new temporary approval for a candidate that did not receive a temporary approval in the previous school year, or has received a temporary approval within the last 5 years. (attach copy of previous temporary approval)

YES NO 2. 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)