

R: 12/13/00
MDE/OSE/EIS

REC:SSW-310
R340.1012

UNIVERSITY/COLLEGE RECOMMENDATION FOR
SCHOOL SOCIAL WORKER TEMPORARY APPROVAL

DATE HIRED: _____

DATE EDUCATIONAL REQUIREMENTS COMPLETED: _____

NAME: _____

ADDRESS: _____

EMPLOYING SCHOOL DISTRICT: _____ LEA CODE # _____

INTERMEDIATE SCHOOL DISTRICT: _____ ISD CODE # _____

INSTITUTION RECOMMENDING APPROVAL: _____ UNIV/COLL. CODE # _____

Degree: _____

Granted by: _____
College/University

Practicum Clock Hours: _____

Signature of University School Social Work Trainer

Title

Date

RSB:alb