WORK EXPERIENCE REPORT FORM
FOR
PROFESSIONAL SCHOOL SOCIAL WORKER CERTIFICATE

Instructions:
This form must be completed by a credentialed and supervising School Social Worker. Submit this form with your documents including your application Cover Letter. This form must be completed to document one year of successful experience as a Social Worker in a school setting providing social work services to students with disabilities whose Individualized Education Program (IEP) required those services under the supervision of a fully credentialed School Social Worker.

SUBMIT FORM TO MDE-EDUCATORHELP@MICHIGAN.GOV WITH APPLICATION DOCUMENTS.

CANDIDATE IDENTIFIERS

Name _____
first name middle name last name other names used

(PROVIDE AT LEAST ONE ADDITIONAL IDENTIFIER)

PIC #: _____ Date of Birth: _____ MOECS Application #: _____

Name of School/School District in Which Candidate was Employed:

School District's/School's Address:

This is to certify that _____
(**first name**) (**middle/maiden name**) (**last name**)

Was employed full-time (6 clock hours or more a day) as a School Social Worker and worked for one full school year providing services to students with an Individualized Education Program (IEP), under the supervision of a fully credentialed School Social Worker.

from: _____ to: _____
(**month**) (**day**) (**year**) (**month**) (**day**) (**year**)

THIS CANDIDATE'S SERVICE IS RATED: ☐ **SUCCESSFUL** ☐ **UNSUCCESSFUL***
***When an unsuccessful rating is recorded, please provide an explanation on the reverse side of this page.**

_____ _____
Signature of Supervising School Social Worker Date

_____
Name of Supervising School Social Worker (please type or print)