

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.

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)