

FULL 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 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.

2. Name of the fully approved school social worker who provided the one year of direction to this candidate:

3. The candidate held temporary/continuing temporary approval as a school social worker during the year of experience and a copy of these approvals are on file (attach copy).

4. 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)