

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. The Intermediate School District (ISD) has received a copy of the University/College form (REC: SSW 310) verifying this candidate as eligible 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/continuing temporary approval within the last 5 years. (Attach a copy of the previous temporary/continuing temporary approval)

_____ _____ 2. 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)