TEMPORARY APPROVAL FOR OUT-OF-STATE SCHOOL SOCIAL WORKER POSITIONS

Policy & Criteria

POLICY:

1. A request for approval as an out-of-state trained School Social Worker is initiated by the candidate.

2. Temporary approval as a School Social Worker in Michigan is transferable from one employer to the next.

3. Temporary approval as a School Social Worker in Michigan expires at the end of the school year in which it is issued.

4. A request for approval must be received by the Michigan Department of Education during the school year (July 1 to June 30) in which the effective date applies. Approval requests received after June 30 of the applicable school year will not be processed.

5. Temporary approval as a School Social Worker in Michigan is effective from the beginning of the school year in which it is requested, the date that the candidate completed all training requirements, or the date of employment in the position of School Social Worker, whichever is later.

CRITERIA:

1. The candidate initiates the request for temporary approval as an out-of-state School Social Worker upon completion of all training requirements:

   a. Master’s degree from an accredited school of social work; and

   b. University recommendation as to the competencies being met as a School Social Worker, and verification of a university supervised practicum of at least 500 clock hours. This recommendation will also require that the university School Social Work Trainer fill out a minimal competency packet attesting to competencies being met. The person requesting approval as a School Social Worker will be responsible for getting the packet to his/her Trainer.
Temporary Approval for Out-of-State School Social Workers
Policy & Criteria

The candidate must:

1. Initiate the request by having their out-of-state training institution complete the Michigan Department of Education, Office of Special Education (MDE-OSE) competency form. The completed form should be forwarded from the out-of-state training institution to the MDE-OSE.

2. Provide the following documentation:
   - A Vita describing academic and professional career; and
   - An OFFICIAL transcript forwarded by the training institution directly to the Michigan Department of Education. Showing completion of a Master’s degree from an accredited School of Social Work.

3. Forward all materials to the Michigan Department of Education, Office of Special Education, Approvals Unit, P.O. Box 30008, Lansing, MI 48909.

MDE-OSE will:

- Review request;
- Make an approval decision; and
- Send a Letter of Approval or Denial to the candidate.

(Rev. 6/2012)
MEMORANDUM

TO: Out-Of-State Institutions of Higher Education School Social Workers Trainer(s)

FROM: Sheryl Diamond, Supervisor, Program Accountability Unit
The Office of Special Education

SUBJECT: Michigan School Social Work Approval for Out-of-State Trained Candidates

Name: _____________________________________________
Address: _____________________________________________
City:_________________________ State:__________ Zip Code:________

As Michigan University Social Work Training Programs are under a competency based model, the State of Michigan is requiring that all out-of-state trained School Social Workers have the attached minimal competencies verified by the training Institution (School Social Work Trainer) that trained the candidate as a School Social Worker. While a person is not expected to be an expert in all of these areas, the prospective candidate should have had some experience with all of them and your further skills might need to be developed. Even though, this will require some time on your part, we feel this is necessary within our state. Please complete the attached forms and return all of them to the following address:

Roxanne Balfour, Departmental Specialist
Michigan Department of Education
The Office of Special Education
Program Accountability Unit – Approvals
P.O. Box 30008 – Lansing, MI 48909

For further explanation, the subheading Method of Evaluation would normally include such things as the following: courses, internship or practicum, previous experience, comprehensive evaluation or other.
STATE OF MICHIGAN
COMPETENCY BASED SCHOOL SOCIAL WORK EVALUATION FORM
FOR OUT-OF-STATE TRAINED CANDIDATES
(To be completed ONLY by School Social Work Training Personnel)

Please check the appropriate response as: Satisfactory (S), Unsatisfactory (U)
Not Completed or Needs Further Work (NC). Also, please feel free to comment in
the space provided after each criterion.

Rule 340.1014. Competencies of School Social Worker. (1) A School Social Worker
shall possess applicable knowledge of:

(a) Knowledge of theoretical foundations and history of the school social work profession and
service delivery.

S    U    NC
___   ___   ___ Method of Evaluation:________________________ Course No._____

(b) Knowledge of legal and ethical standards necessary for social work practice in school
settings.

S    U    NC
___   ___   ___ Method of Evaluation:________________________ Course No._____

(c) Knowledge of federal and state special education laws and other legal aspects of the role of
the school social worker.

S    U    NC
___   ___   ___ Method of Evaluation:________________________ Course No._____

(d) Knowledge of organizational components and structural dynamics of public school agencies
at local, state, and national levels, as well as identification of methods useful to analyze and
influence these in order to maximize student success.

S    U    NC
___   ___   ___ Method of Evaluation:________________________ Course No._____

(e) Knowledge of other professional educational roles to promote successful collaboration.

S   U   NC
___   ___   ___ Method of Evaluation:________________________ Course No.________

(f) Knowledge of a broad range of experiences, personal characteristics, and background variable that influence student learning and development, including the reciprocal and diverse influences of home, school, and community.

S   U   NC
___   ___   ___ Method of Evaluation:________________________ Course No.________

(g) Knowledge and skills for identifying factors that enhance strengths, resilience, and protection from adversity, and that diminish educational and developmental risks.

S   U   NC
___   ___   ___ Method of Evaluation:________________________ Course No.________

(h) Knowledge and skills to provide crisis prevention, planning, and intervention services, and the impact of trauma on development, learning, and school performance.

S   U   NC
___   ___   ___ Method of Evaluation:________________________ Course No.________

(i) Knowledge and skills to promote positive behavior supports for individuals and schoolwide programs.

S   U   NC
___   ___   ___ Method of Evaluation:________________________ Course No.________
(j) Knowledge and skills in development of behavior intervention plans collaboratively with family members, educational staff, and outside resources, personnel, and agencies.

S U NC
___ ___ ___ Method of Evaluation:__________________ Course No.______

(k) Knowledge and skills in mediation, conflict resolution, and collaborative problem-solving models.

S U NC
___ ___ ___ Method of Evaluation:__________________ Course No.______

(l) Knowledge and skills in comprehensive and systematic assessment and evaluation.

S U NC
___ ___ ___ Method of Evaluation:__________________ Course No.______

(m) Knowledge and skills in effective written communication of the assessment and evaluation results that include educationally relevant recommendations and, where appropriate, measurable goals and anticipate outcomes from service delivery.

S U NC
___ ___ ___ Method of Evaluation:__________________ Course No.______

(n) Knowledge of normative expectations for infant, child, adolescent, and young adult emotional, behavioral, social, cultural, communicative, cognitive, learning, and physical development.

S U NC
___ ___ ___ Method of Evaluation:__________________ Course No.______
(o) Knowledge regarding similarities and differences between clinically-based definitions of psychiatric disorders and educational disabilities.

Method of Evaluation:__________________ Course No._____

(p) Knowledge and skills to evaluate effectiveness of programs and services and modify these based upon individual student need.

Method of Evaluation:__________________ Course No._____

(q) Knowledge and skills for locating, selecting, and applying empirically-supported, evidence-based prevention and intervention methods appropriate for use with individuals, groups, families, school personnel, and communities to enhance student learning, development, and school success.

Method of Evaluation:__________________ Course No._____

(r) Knowledge and skills to facilitate and coordinate student access to medical, health, mental health, social services, and other community resources, and to promote collaboration among school personnel and other community agencies.

Method of Evaluation:__________________ Course No._____

(s) Ability to verbally communicate in terms understandable to students, parents, school staff, and agencies.

Method of Evaluation:__________________ Course No._____

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(t) Awareness of curriculum, teaching theories, and methodologies.

S U NC
___ ___ ___ Method of Evaluation:__________________ Course No.______

Yes No

_____ _____ Does your institution of higher education currently operate a graduate School of Social Work accredited by the Council on Social Work Education?

_____ _____ Did this candidate complete at least 500 clock hour supervised practicum in social work?

_____ _____ Did this candidate graduate from your program?

Date of Graduation:__________________________________________

I am recommending the following:

______ Temporary Approval (Full approval is contingent on one year of successful experience as a School Social Worker in Michigan).

______ No Approval.

Please Print or Type the following information:

Trainer’s Name:______________________________ Title:________________________
Institution:______________________________________________________________
Address:________________________________________________________________
City:________________________ State:____ Zip Code:______________
Telephone:________________________ Fax:_______________________________
Email:___________________________________________________________________
Trainer Signature:__________________________ Date:________________________