

## **Agency-based School Social Work Internship Approval Form**

An applicant for the Basic School Social Worker Certificate must have completed an approved program for the preparation of School Social Workers including a Master of Social Work degree from an accredited institution and completed an approved school social work internship in a school setting. If a student is placed in an agency that provides school social work as part of its services, the student must provide on-site school-based services for a minimum of 300 hrs. All agency-based school social work internships must be approved by the School Social Work Coordinator in order to be eligible for the school internship requirement.

Students currently placed in a school setting or in an agency providing school-based social work services, must complete the following form, and have it signed by their clinical instructor and their practicum coordinator. *Students will not be eligible for school certification in the future without this documentation.* Please return this form to Rosemarie Hunter in the B.S.W. office, Rm. 327.

# Agency-based School Social Work Internship Approval Form

STUDENT NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

LOCATION \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

DATES OF SCHOOL-BASED EXPERIENCES \_\_\_\_\_ TO \_\_\_\_\_

CLINICAL INSTRUCTOR \_\_\_\_\_

NUMBER OF HOURS PER WEEK AT SCHOOL SITE \_\_\_\_\_ TOTAL # OF HRS. \_\_\_\_\_

CHECK THE FOLLOWING AREAS THAT APPLY TO YOUR PRACTICUM EXPERIENCE.

- |   |   |
|---|---|
| <input type="checkbox"/> Classroom presentations        | <input type="checkbox"/> School-based inservice                                 |
| <input type="checkbox"/> Groups                         | <input type="checkbox"/> IEP plans (individual education plans)                 |
| <input type="checkbox"/> Individual counseling sessions | <input type="checkbox"/> Comprehensive Guidance Program                         |
| <input type="checkbox"/> Family meetings                | <input type="checkbox"/> Self-contained classroom (social emotional behavioral) |
| <input type="checkbox"/> FACT meetings                  | <input type="checkbox"/> School-wide prevention programs                        |
| <input type="checkbox"/> School/work activities         | <input type="checkbox"/> Youth in custody program                               |
| <input type="checkbox"/> Truancy                        | <input type="checkbox"/> Teen parent program                                    |
| <input type="checkbox"/> School-linked services         | <input type="checkbox"/> Community organization                                 |
| <input type="checkbox"/> Program administration         | <input type="checkbox"/> Other, please describe _____                           |

Briefly describe your school-based practicum experience, including setting, (elementary, jr. high, high school, alternative) anticipated total hours on site at the school and your primary roles.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Practicum Coordinator \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

School Social Work Coordinator \_\_\_\_\_

Date \_\_\_\_\_

Student \_\_\_\_\_

Agency \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Practicum Coordinator \_\_\_\_\_

### School Social Work Evaluation Form

Students currently placed in a school setting or an agency providing school-based social work services must complete the following evaluation form. The following learning objectives are designed to meet the standards for the Utah State Basic School Social Work Certificate and must be completed in addition to the student's required practicum assignments and objectives.

Academic Year \_\_\_\_\_

**Rating Scale**

- 1 = Strong Performance
- 2 = Acceptable Performance
- 3 = Needs Improvement
- 4 = Unsatisfactory

<b>TOPIC AREA: <u>School Social Work Practice</u></b>		1	2	3	4
<i>Learning Objectives</i>					
1.	Seeks information about and understands the school system's ethical guidelines, limits of confidentiality, and the N.A.S.W. Code of Ethics, as it applies to the educational setting.				
2.	Applies social work theoretical concepts and practice skills to the K-12 (elementary and/or secondary) educational setting, including social, emotional, family and community assessment; individual, group and family counseling ; casework, and crisis intervention.				
3.	Demonstrates an understanding of the educational system, including philosophy of education, the organizational structure, knowledge of school law and legal provisions pertaining to child welfare, and state and federal education requirements.				
4.	Utilizes information from educational assessments in the development of student focused programs and interventions.				
5.	Facilitates collaborative relationships with other school personnel, community organizations and agencies.				

<b>TOPIC AREA: <u>School Social Work Practice</u></b> <i>Learning Objectives</i>	1	2	3	4
6. Acquires knowledge of resources necessary to promote service delivery and coordination for students and families with multiple needs.				
7. Demonstrates macro level skills necessary for the educational system, including organizational development, needs assessment and evaluation, conflict resolution and system analysis.				
8. Demonstrates an understanding of the cause and effect of social, cultural, and environmental forces and their impact on learning and human behavior.				
9. Understands curriculum development and current educational issues related to school curriculum.				
10. Analyzes the impact of individual, family, and social problems, including those related to disabilities, deprivation, mental and physical health, violence, neglect and dispiritedness.				
11. Advocates for and provides services that support the affective and social domains of education.				

Hrs. completed Fall semester \_\_\_\_\_

Hrs. completed Summer semester \_\_\_\_\_

Hrs. completed Spring semester \_\_\_\_\_

Total # of hrs. completed \_\_\_\_\_

**Circle all methods of evaluation:** Consultation    Documentation    Audio/Video

Observation    Supervision    Additional Assignments

**Persons Completing and Reviewing the Evaluation Form:**

**Date Completed:** \_\_\_\_\_

**Student signature** \_\_\_\_\_

**Clinical Instructor signature** \_\_\_\_\_

**Practicum Coordinator signature** \_\_\_\_\_

Student \_\_\_\_\_

Agency \_\_\_\_\_

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Practicum Coordinator \_\_\_\_\_

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