

**WAYNE STATE
UNIVERSITY**

SCHOOL OF SOCIAL WORK

**Request for Form SSW-310 - University Recommendation for School Social Worker
Temporary Approval for Michigan School Social Workers**

Please complete the form entirely. Upon completion, return this form with verification documents to:

Wayne State University
School of Social Work
Office of Admissions & Student Services
4756 Cass Ave.
Detroit, MI 48202

Section I

First Name	Last name	Middle Initial	Former Name
WSU ID#	SS#	Date of Birth	
Daytime Phone #	Evening Phone#	E-mail Address	
Address	City	State	Zip

Section II

Verification of Requirements

1. Completed MSW Degree:

Date degree conferred: _____
Month & Year

Submit copy of transcript

2. Completion of a minimum of 500 clock hours of graduate level field work in a school or children, youth and family setting or completion of at least 500 hours of post graduate experience with children, youth and families under the supervision of a LMSW social worker.

Field Placement

Name of Agency	Clock Hours
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Name of Agency	Clock Hours
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Post Master School Social Work or children, youth and family Setting related experience

Name of Agency	Clock Hours
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Name of Agency	Clock Hours
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Submit supporting documentation: Field evaluation form, letter from employer or supervisor.

3. **Completion of the Interpersonal Theory track courses; Cognitive/Behavioral Track – SW 8340 and SW 8350 (8 cr.), or Family Systems Track – SW 8380 and SW 8390 (8 cr.)**
(formerly SW 8540/SW 8610 and SW 8780/SW 8790) or Psychodynamic Track - SW 8360 and SW 8370 (8 cr.)

List theory track courses taken and semester completed:

Course	Semester Completed
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Course	Semester Completed
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Course	Semester Completed
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Course Semester Completed

4. Completion of the following required courses:

Social Services in the Schools - SW 8180 (3 cr.) _____ Semester completed

Psychosocial Assessment of Children and Youth - SW 8330 (3 cr.) _____ Semester completed

5. Additional Information:

If Applicable:

School Social Work Refresher course

Name of Course Institution taken date

Submit Supporting documentation/verification of courses/workshops completed.

Additional comments regarding requirements & verification:

Signature Date

Office use Only:

All requirements for School Social Worker Temporary Approval for Michigan School Social Workers verified:

Initialed and dated _____

SSW 310 Issued:
Initialed and Date Mailed _____