

**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

Please allow 3 to 4 weeks for processing.

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

Section II

Verification of Requirements

1. Completed MSW Degree:

Date degree conferred: _____ Month & Year

State Zip

Submit copy of transcript

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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

Name of Agency Clock Hours

Post Master School Social Work or children, youth and family Setting related experience

Name of Agency Clock Hours

Name of Agency Clock Hours

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

Course Semester Completed

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:

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Initialed and dated _____

SSW 310 Issued:
Initialed and Date Mailed _____