

Information Booklet with Application and Reference Forms

Certified School Social Work Specialist (C-SSWS)



NASW Specialty Certifications

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NASW's Specialty Certifications Program

In 1998, NASW conducted a survey of its membership, in which respondents clearly identified the need and a strong level of interest in a national certification program in areas of social work specialization established and created by NASW. The NASW Specialty Certifications Program was launched early in 2000 to help the Association's members in today's competitive workplace attain:

- Enhanced professional and public recognition
- Increased visibility as specialized social workers
- Association with a select group of specialized social workers who have attained national distinction.

NASW Specialty Certifications, available to degreed social workers only, provides a vehicle for recognizing social workers who have met national standards and possess specialized knowledge, skills, and experience. NASW is committed to assisting with the process of certifying social workers and working to emphasize the importance of employing social workers who have specialized training and experience.

NASW Specialty Certifications provide recognition to those who have met national standards for higher levels of experience and knowledge and are not a substitute for state licenses.

SCHOOL SOCIAL WORK

In 1943, the National Association of Visiting Teachers (NAVT) became the American Association of School Social Workers (AASSW), and in 1955, AASSW merged with six other social work associations to form the National Association of Social Workers (NASW). Thus, school social work has long been a vital part of the social work profession. In recent years, recognition of the rights of persons with disabilities; changes in the family unit; and the effects of increasing social, economic, and academic pressures on children are some of the forces that have significantly shaped social work services in schools. The value of school social work intervention increasingly has been recognized in legislative initiatives.

CORE KNOWLEDGE AND SKILLS AREAS

- **Social Work Ethics**—Commitment to the values and ethics of the social work profession and use of NASW's professional school social work standards and *Code of Ethics* as a guide to ethical decision making.

- **Program Development and Management Skills**—Appropriate priorities for service delivery. Systemic needs in accordance with the expectations of the system, the demands of the program, time limits, and professional skills.
- **Social Work Modalities and Procedures**—Understanding of the following social work modalities: individual, group, and family therapy, casework/case management, conflict mediation and resolution, crisis intervention, group work, community organization, advocacy, consultation, effective educational strategies, and system of record keeping.
- **Theories of Human Behavior and Development**—Knowledge and understanding basic to the social work profession, specialized knowledge and understanding, and theories of human development.
- **Characteristics of Student Populations**—Knowledge of and sensitivity to cultural, racial, gender, and ethnic diversity. Understanding of needs of at-risk children, gifted children, and children with disabilities. Knowledge of biological or societal stressors that affect children's ability to function effectively in school.
- **Methods of School Social Work Practice**—Diagnostic assessment as well as skills for effective service to children, families, and personnel of local education agencies and the community. Models of school social work practice should be developmental, not static, should use an ecological perspective; and focus on the child, his/her family strengths with an emphasis on using preventive and/or problem-solving tools.
- **Multidisciplinary and Interdisciplinary Activities**—Work collaboratively to mobilize resources of the local education agencies and the community to meet the needs of children and families. Initiate and support activities to overcome institutional barriers, to promote school safety, and to identify and remediate gaps in services. Demonstrate trust, open communication, mutual respect, ongoing collaboration, and effective coordination that facilitate the achievement of the objectives of the interdisciplinary team.
- **Public Education and Federal and State Laws**—Knowledge of and compliance with federal, state, and local legislation, regulations, and policies.

A current NASW membership in good standing is required. Associate members are not eligible for

Certified School Social Work Specialist (C-SSWS)

Specialty Certification for the Experienced MSW School Social Worker

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

Membership in NASW is not required to hold any NASW Specialty Credentials. However, if you are a current NASW member, your membership must be in good standing to receive the discounted rate. Associate members are not eligible for NASW Specialty Certifications.

I. EDUCATION

MSW—The applicant must hold a Master's degree in social work from an accredited university. The program must have been accredited at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly to NASW (see instructions on page 5). If you were admitted to NASW's ACSW (Academy of Certified Social Workers) in 1989 or later or received NASW's QCSW (Qualified Clinical Social Worker) or DCSW (Diplomate in Clinical Social Work) credential in 1996 or later, you do not have to submit an original transcript. Otherwise, there are NO exceptions.

2. EXPERIENCE

The applicant must have two academic years (2,160 hours, not counting administrative duties, approximately 30 hours per week of direct client-level school social work tasks) of post-MSW degree, full-time, paid, appropriately supervised (see SUPERVISION) work experience as a school social worker. School social work experience submitted must have been performed in a school setting and must have been paid by the school.

School social work functions as described in this booklet (pages 1 and 2) must constitute the primary job responsibilities. Experience must be completed at the time of the application and must have been completed in no less than 24 months. School social work practice must also be current, within the 5 years preceding submission of this application.

3. SUPERVISION AND SUPERVISORY EVALUATION

Supervisory evaluation reference(s) must correspond in time to the qualifying experience that is submitted. Supervision must cover a minimum of two academic years (2,160 hours, not counting administrative duties, of approximately 30 hours per week of direct client-level school social work tasks) of post-MSW degree, full-time, paid work experience as a school social worker in a school setting, paid by the school). The supervisor(s) must be able to evaluate the applicant's school social work skills, knowledge, and abilities across the core functions of school social work described in this booklet. Supervisors must document for at least two academic years the equivalent of a minimum of one hour face-to-face regular supervision meetings per week (72 hours total minimum).

School Social Worker Supervision is Preferred

- Supervision from an MSW school social worker with at least two years post-MSW experience as a school social worker
- If not, contracted supervision from an MSW outside the school setting

Those applicants receiving contract supervision must submit a copy of the contract with the application.

References will not be accepted from non-social work degreed persons who have been granted social work licenses by individual states.

Alternate Supervisors

If MSW supervision has not been available, a supervisor evaluation and documentation of hours of supervision will be accepted from from a master's level or higher allied professional who is licensed, registered or certified in their respective profession. Allied professions include medicine, nursing, education, law, and other behavioral health practitioners. For example:

- Licensed psychiatrist
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)
- LMHP—Licensed mental health practitioner (specific license)
- Licensed professional counselor (LPC)

Alternate Supervision

Supervision has been expanded to include group supervision, teleconferencing and videoconferencing.

Hours of Supervision

Supervision should occur at a rate of one hour of direct supervision for each 30 hours of direct client-level school social work tasks, or one hour weekly.

For those applicants utilizing alternate supervision, there must be at least quarterly face to face contact with a MSW level social worker.

4. SOCIAL WORK REFERENCE

A confidential reference from an MSW social work colleague is required. The colleague reference cannot be from someone you supervise. The colleague reference cannot be completed by the same person who completed the supervisory evaluation.

5. LICENSE/CREDENTIALS

(Only ONE of the following is required)

- NASW's ACSW or DCSW (Academy of Certified Social Workers) may only be used by active-duty military personnel and social workers residing in foreign countries.
- Current exam-based state issued MSW-level license (Current copy with expiration date required). *If you practice in a state that does not have exam-based MSW-*

level social work licensure, you must have the NASW ACSW or DCSW.

- Passing score on the ASWB (Association of Social Work Boards) clinical-level exam. This option is intended for more recent MSW graduates who are in the process of applying for licensure and have completed the exam requirement but have not yet received the actual social work license.
- State-issued exam-based school social work license
- State-issued exam-based school social work certification

6. AFFIRMATION OF PROFESSIONAL STANDARDS AND STATEMENT OF UNDERSTANDING

CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-SSWS will receive a certificate suitable for wall display. Each renewal period, those who successfully renew (see renewal) will receive an updated seal to place on the original certificate.

RENEWAL

- Renewal occurs every two years.
- 20 contact hours of continuing education relevant to school social work are required.

The current ACSW, DCSW, or current MSW level state social work licensure is required.

INSTRUCTIONS AND OTHER INFORMATION

GRADUATES OF FOREIGN SCHOOLS

Degrees from foreign universities must be evaluated by CSWE for equivalence to a degree received in the United States. For information about this process, including applicable fees, please contact:

Council on Social Work Education
1725 Duke Street, Suite 500, Alexandria, Virginia 22314
703-683-8080 • Fax: 703-683-8099 • www.cswe.org

CSWE generally completes equivalency evaluations within four weeks after receiving a request and supporting documents. It is recommended that applicants start the evaluation process at least two months before submission of a NASW credential application. An acceptance letter from CSWE must be included with the credential application.

COMPLETE APPLICATIONS WILL INCLUDE:

- ☐ 1. Original transcript of MSW *
- ☐ 2. Application form
- ☐ 3. Payment
- ☐ 4. Qualifying school social work experience form
- ☐ 5. If not an ACSW or DCSW holder, a current copy of state MSW level social work license with expiration date or a copy of ASWB clinical exam passing scores. Or a copy of a state issued, exam-based school social work certification or license
- ☐ 6. Supervisory Evaluation Form

- 7. Social Work Colleague Reference Form
- 8. Affirmation of Professional Standards and Statement of Understanding

MAILING OF APPLICATION MATERIALS

***Transcript only**

Item #1 above—Original transcript of CSWE-accredited MSW sent directly from the school to:

NASW Credentialing Center
750 First Street, NE, Suite 800
Washington, DC 20002-4241

Remainder of Application

Items #2 through #8 above to:

NASW Credentials Accounting
750 First Street, NE, Suite 800
Washington, DC 20002-4241

PROCESSING OF APPLICATIONS

Please allow up to 12 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

APPROVED APPLICATIONS

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for framing. If renewed successfully, certificate holders will be sent a seal updating the certification for each renewal period.

OMISSIONS OR INCORRECT SUBMISSIONS

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

APPLICATIONS DEEMED INELIGIBLE

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

REFUND POLICY

A processing fee equal to the total application fee will be retained. Letters of explanation will be mailed to all ineligible candidates.

Frequently Asked Questions

About NASW Specialty Certifications

Why are these Specialty Certifications being offered?

- In response to member and chapter requests, NASW conducted a membership survey in 1997 that showed a 60% interest in certifications. A follow-up credentials survey was done in 1998, with a 70% response rate showing a desire for NASW to develop specialty certifications.

Why should I apply for the School Social Work Specialist Certification?

- The SSWS Certification are recognition from your national professional association of your experience as a school social worker. Many social workers hold both a state-required school social work certification and NASW's SSWS Certification because they feel it is an important part of their professional identity.

I already have my social work license in my state. Do I need to get one of your Specialty Certifications?

- NASW certifications and credentials are not a substitute for any certification or license required by your state to practice social work.
- Holders of NASW specialty certifications are recognized for achieving high professional social work standards set by their national professional organization.
- NASW specialty certifications are voluntary national professional certifications. Many NASW members choose to apply and maintain NASW credentials and certifications as an enhancement of their personal professional identity.

SOCIAL WORK EDUCATION

Do I have to have a social work degree to apply for these certifications?

- Yes. Applicants must have an MSW from an accredited university.
- Under no circumstances will any other degrees be accepted, even if one was “grandparented” into a state social work license with a non-social work degree.

TRANSCRIPTS

I have a copy of my transcript, can I send it?

- No. Official transcripts issued by the Office of the Registrar are required and must be mailed directly from the school to NASW in a sealed envelope. Transcripts issued to students or copies of transcripts will not be accepted. Original transcripts must be sent directly from the school to:

NASW Credentialing Center
Specialty Certifications
750 First Street, NE, Suite 800
Washington, DC 20002-4241

- *Exceptions. Original transcripts are not required under the following circumstances ONLY:*
 - Those who were admitted to NASW's ACSW (Academy of Certified Social Workers) in 1989 or later or who received NASW's QCSW (Qualified Clinical Social Worker) or DCSW (Diplomate in Clinical Social Work) in 1996 or later.

I have a social work license in my state. Why do I have to send a transcript?

- Holding a social work license does not prove that you have an MSW from a CSWE-accredited school. Not all states require CSWE-accredited social work degrees for licensure. Some states have “grandparented in” state social work licensing applicants who do not have an MSW, but who have other (non-social work) degrees.

I have been an NASW member for years. I received the ACSW before 1989. I received the QCSW/DCSW before 1996. Why do I have to send a transcript?

- NASW now provides a great deal of “primary verification” verifying NASW members' credentials and certifications are held and in good standing. Part of our responsibility is to have verified that we have obtained and reviewed original documentation, including original sealed transcripts sent directly to us from the schools. Before 1989 for the ACSW and before 1996 for the QCSW/DCSW, we were not requiring applicants to have their schools send original sealed transcripts as part of their applications for our credentials.

Can I send a photocopy of my diploma instead?

- No.

SUPERVISION—REFERENCE FORMS

I don't/didn't have an MSW supervisor; can I use the other supervisor I had?

- There are some alternate supervisors from whom references will be accepted. See supervision requirements for each certification.

Can the supervisory evaluation form and the colleague reference form be completed by the same person?

- No. The forms must be completed by two different people.

RENEWAL

I understand that renewal will be required every two years. Does that mean I have to pay the original fee each time I renew?

- No, the renewal fee will not be equal to the original fee.

I have to complete 40 continuing education contact hours every two years to renew my state social work license. Do I have to complete 20 hours every two years in addition to the 40 required by my state to renew the School Social Work Specialist Certification?

- No. As long as the content of the continuing education you have completed toward the renewal of your state license can be tied to the core knowledge and skill areas of school social work, you should be able to submit the same trainings for the renewal of your NASW Certified School Social Work Specialist.

I am confused because the NASW Standards for Continuing Professional Education that I am required to agree to abide by state that I should complete 48 hours of continuing education every two years. This certification says I need only 20 hours every two years to renew. Which one is correct?

- They are both correct. The NASW Standards recommend that NASW members complete 48 hours of continuing education over a two-year period. However, for the purposes of renewing the Social Work Specialist Certification, proof of 20 hours specifically relevant to your school social work practice is required.

COPIES OF APPLICATION FORMS

I have some colleagues who also want to apply. I want all of my staff members to apply. Can I just make copies of the application forms for them to submit?

- No. We prefer that each applicant use original forms. We require original documentation. We also need each applicant to have all the information in the booklet so that they fully understand the criteria and can consult the booklet for information as they complete their application.

APPLICATION FORM

Certified School Social Work Specialist

Please read the criteria and all instructions before completing this form.

NASW Membership number: 8 8 _____ (if applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: H _____ W _____ E-mail: _____

Accredited Social Work Education

Date MSW degree awarded: _____ School: _____

Name under which transcript was issued, if different from current name _____

License/Credentials

ONE of the following is *required*. Mark appropriate box.

- ☐ NASW ACSW or DCSW credential
- ☐ Current state-issued exam-based MSW-level license (*include current copy showing expiration date with application*)
- ☐ Passing score on ASWB clinical exam (*include copy of passing exam scores with application*)
- ☐ State issued *exam-based* school social work certification or license (*include current copy showing expiration date with application*)

Payment (mark appropriate box) ☐ \$165 – NASW Member ☐ \$450 – Non-member

- ☐ Check or money order made payable to “NASW Credentialing Center”
- ☐ American Express ☐ MasterCard ☐ Visa ☐ NASW Visa (supports work on behalf of your profession)

Card number: _____ Expiration date: _____ CVV: _____

Signature: _____

The **Affirmation of Professional Standards** and the **Statement of Understanding** on the back of this page **MUST** be completed, signed, and dated.—**SEE REVERSE**

AFFIRMATION OF PROFESSIONAL STANDARDS

Have you ever been found in violation of a state social work licensing law or regulation or the NASW *Code of Ethics* or are there any cases pending against you?

- ☐ NO
- ☐ YES—I understand that NASW certifications will not be awarded until violations are satisfactorily reviewed. (Attach an explanation of the corrective action taken and the current status of this matter.)

I certify that my social work practice conforms to the NASW *Code of Ethics*, the NASW *Standards for School Social Work Services*, and the NASW *Standards for Continuing Professional Education*. I further agree to adhere to the NASW *Code of Ethics*, the NASW *Standards for School Social Work Services*, and the NASW *Standards for Continuing Professional Education*, and to voluntarily participate, if requested to do so, in any NASW adjudication proceedings involving alleged violations of the NASW *Code of Ethics*, and to be subject to any verification process established by NASW concerning practice and continuing education standards.

I understand that refusal or failure to participate in an adjudication proceeding or verification process may be grounds for revocation of this certification. I further understand that NASW reserves the right to revoke NASW social work certifications of any person found to have violated the NASW *Code of Ethics*, or found to be noncompliant with the NASW *Standards for School Social Work Services* or the NASW *Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency. The Code of Ethics and all NASW Standards are available online at www.socialworkers.org.

Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING

I hereby apply for specialty certification as a Certified School Social Work Specialist.

I understand that my certification depends on successful completion of the certification procedure and my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, NASW reserves the right to revoke any certification that has been granted on the basis thereof. I further understand that NASW reserves the right to terminate the certification of any person who is found to be in violation of the NASW *Code of Ethics* or state social work laws or regulations.

I understand that continued use of the CERTIFIED SCHOOL SOCIAL WORK SPECIALIST designation depends on payment of the certification renewal fee and such other requirements as NASW may stipulate, and if at any time, my CERTIFIED SCHOOL SOCIAL WORK SPECIALIST status is not active, I may not designate myself as a CERTIFIED SCHOOL SOCIAL WORK SPECIALIST.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including results, or decisions on the part of NASW and/or its agents which may include a decision to not issue me a certificate.

Signature: _____ Date: _____

Qualifying Experience Form

Include *ONLY* school social work experience. List current or most recent school social work experience first. Do *NOT* send resumes.

Name of applicant: _____

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of School (Employer): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is school social work your primary job function in this position? ☐ YES ☐ NO

What are your primary job responsibilities? _____

Number of hours per week—Only *direct contact and related clinical duties*. Do not count *administrative duties*.

☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)

☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of School (Employer): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is school social work your primary job function in this position? ☐ YES ☐ NO

What are your primary job responsibilities? _____

Number of hours per week—Only *direct contact and related clinical duties*. Do not count *administrative duties*.

☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)

☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Qualifying Experience Form

Include *ONLY* school social work experience. List current or most recent school social work experience first. Do NOT send resumes.

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of School (Employer): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is school social work your primary job function in this position? ☐ YES ☐ NO

What are your primary job responsibilities? _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)

☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of School (Employer): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is school social work your primary job function in this position? ☐ YES ☐ NO

What are your primary job responsibilities? _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)

☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Supervisory Reference Evaluation Form

Certified School Social Work Specialist

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified School Social Work Specialist, attest that the supervisory reference named _____, is a social work / _____ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Certified School Social Work Specialist. The information that you provide on this form will help establish the applicant's eligibility for the Certified School Social Work Specialist. References must be able to evaluate the applicant's school social work practice across core knowledge and skills areas of school social work and must be able to answer at least 32 of the 36 questions. (Only four of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

Supervision Requirements

Supervisor Qualifications

Applicants for the Certified School Social Work Specialist must be supervised by an MSW school social worker with at least two years post-MSW degree school social work experience or by an MSW with at least two years post-MSW social work experience and who is knowledgeable about school social work. Where the applicant has not had access to a qualified MSW supervisor, a supervisory reference will be accepted from one of the following: Licensed MD psychiatrist, Licensed PhD clinical psychologist, LPC (specific license) Licensed professional counselor or an LMHP (specific License) Licensed Mental Health Practitioner.

C-SSWS SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving”, “additional training planned”, etc.

KEY:

Not Applicable:	<i>Not part of services in your setting or not part of applicant's role/responsibilities</i>
Unable to Rate:	<i>Have not had the opportunity to directly observe applicant or discuss in supervision</i>
Minimal:	<i>Minimum Ability/Skills/Knowledge—could use improvement</i>
Average:	<i>Average Ability/Skills/Knowledge—adequate for position</i>
Excellent:	<i>High level Ability/Skills/Knowledge</i>

1. Ability to establish and maintain appropriate boundaries with clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Demonstrates skill to engage in ethnic/gender/age/faith-sensitive practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Demonstrates skill in incorporating clients' self-assessment of his or her strengths and weaknesses in an assessment

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Ability to engage students, parents, and others in constructive problem-solving efforts

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Demonstrates skill in identifying “at-risk” factors

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Ability to work with clients with complex needs, such as dual or multi-diagnosed clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Ability to effectively assist clients to determine and meet agreed-upon goals and objectives

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Demonstrates ability to conduct multi-axis assessment and understands major DSM-IV diagnoses

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Ability to seek and use supervision appropriately

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Ability to function effectively as part of a multidisciplinary team

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
----------------	----------------	-----------------	-----------------	-------------------

Name of applicant: _____

☐ ☐ ☐ ☐ ☐

11. Ability to incorporate understanding of the NASW Code of Ethics in practice

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

12. Demonstrates knowledge and understanding of legal and ethical standards of confidentiality

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

13. Demonstrates knowledge of the following theories: systems, learning, behavioral, and communications

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

14. Demonstrates knowledge of community organizing principles

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

15. Ability to establish appropriate priorities for service in accordance with the priorities of the system, the demands of the program, time limits, and professional skills

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

16. Ability to facilitate groups (psychoeducational, anger management, social skills, counseling, support)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

17. Demonstrates historical knowledge about the purposes of public school education and previous attempts to effect education reform

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

18. Ability to respond effectively, responsively, and resourcefully in special or crisis situations

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

19. Demonstrates knowledge of social policy development, the role of social work in affecting policy change, and a broad view of educational policy issues and problems (i.e., financing of local education agencies)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

20. Ability to critically evaluate his or her own practice as a school social worker

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

21. Demonstrates knowledge of behavior management strategies

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

22. Demonstrates professionalism and respect toward students, school staff, parents, colleagues, and community representatives

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Ability to carry out school's programs and operating procedures

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Demonstrates knowledge and understanding of federal, state, and local laws and regulations as they relate to school social work and provision of services to clients (i.e., Tarasoff, IDEA, ADA, and Child Protective Services regulations, etc.)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Ability to evaluate client's needs (functional and psychosocial) and resources of the client's informal support system, including family, friends, and organizational memberships

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Demonstrates knowledge of special needs of at-risk children and needs of children with disabilities

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Ability to maintain effective communication with relevant school staff and administrators regarding case activities and progress

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Ability to advocate for clients and families

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Demonstrates skill in identifying client strengths and weaknesses and their impact on level of functioning in development of Individual Assessment Planning (IAP)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Ability to promote home-school-community partnerships

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Demonstrates knowledge of biological factors that affect children's ability to function effectively in school

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Ability to prepare professional assessments that are relevant and contain intervention strategies that are effective in resolving students' problems

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

33. Ability to collect and report data as required (i.e., by school setting, as part of program evaluation, or as part of funding compliance)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

34. Ability to plan, develop, and implement a school-based program

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

35. Demonstrates working knowledge of major psychopharmacological medications and primary conditions for which they are commonly prescribed

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

36. Demonstrates knowledge of program evaluation

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

INFORMATION ABOUT SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? ☐ YES ☐ NO

If YES: ☐ MSW year _____ ☐ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license:

☐ Licensed psychiatrist

☐ Licensed clinical psychologist (PhD)

☐ Licensed psychologist (PhD)

☐ Licensed mental health practitioner (LMHP)

(specify license) _____

☐ Licensed professional counselor (LPC)

(specify license) _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree school social work experience: _____

Are you or have you been a school social worker? ☐ YES ☐ NO

If YES, when: _____

Your current position/title: _____

Name/address of agency/organization where supervision took place:

City: _____ State: _____ Zip code: _____

Documentation of Supervision

For the first two years post-MSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 30 hours of direct client-level school social work tasks and requires a minimum total of 50 hours of supervision. From the third year post-MSW and later, supervision and consultation meetings should occur at a minimum on an as-needed basis.

- Dates you provided supervision for the applicant: From (mo./yr.) _____ To (mo./yr.) _____
- Number of hours per week the applicant worked under your supervision: _____
- Frequency of individual supervision meetings:
 - ☐ Weekly
 - ☐ Bi-weekly (every other week or twice a month)
 - ☐ Other—specify nature, frequency and length (# of hours) of supervision: _____

- Length of individual supervision meetings:
 - ☐ 1 hour
 - ☐ Other: _____
- Total number of hours of supervision you provided for the applicant: _____

I hereby affirm that I directly supervised the applicant and that the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as a Certified School Social Work Specialist.

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.

MSW Social Work Colleague Reference Form

Certified School Social Work Specialist

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

I, the undersigned applicant for the NASW Certified School Social Work Specialist attest that the MSW social work colleague reference named, _____ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Certified School Social Work Specialist. The information that you provide on this form will help establish the applicant's eligibility for the Certified School Social Work Specialist. Please review the form before completing. If you are unable to complete the form or are unable to respond to any of the items, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. Ability to incorporate understanding of the NASW Code of Ethics in practice

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

2. Ability to use social work colleagues for peer consultation when appropriate

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

3. Ability to treat colleagues with courtesy and respect

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

5. Ability to critically evaluate own practice as a school social worker

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

6. Demonstrates commitment to continuing professional development

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

7. Ability to work as part of a multidisciplinary team

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

8. Ability to promote client self-sufficiency and support client self-determination

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

9. Ability to advocate for clients and families

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

11. Ability to establish and maintain appropriate boundaries with clients

Minimal Ability
☐

Average Ability
☐

Excellent Ability
☐

INFORMATION ABOUT COLLEAGUE

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

INFORMATION ABOUT YOUR SOCIAL WORK DEGREE

☐ MSW year _____ ☐ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

Your current position/title: _____

Name of applicant: _____

How long have you known the applicant? _____ year(s) _____ months

Do you/did you (circle one) work in the same setting as the applicant? ☐ YES ☐ NO

If NO, in what capacity or professional relationship do you know the applicant? _____

I hereby affirm to the applicant's competence as a school social worker and that the applicant has completed the employment described on the reverse side of this form. To the best of my knowledge and belief, the applicant's school social work practice conforms to the *NASW Code of Ethics*, the *NASW Standards for School Social Work Services* and the *NASW Standards for Continuing Professional Education*. (*The applicant can make these standards available to you for review.*)

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.

