School Social Worker - First Year Checklist

☐ Get the list of students you will be assigned to work with at the school.
  • Which students have IEPs and 504 plans?
  • Confirm specific requirements for SSW in these plans (e.g. specific minutes of contact per week, consultation, attendance at IEP meetings etc.)
  • Contact previous caseworkers and staff who know those children to get more background information if appropriate (e.g. what worked with the student in the past?)

☐ Gain access to the student information system
  You need student data:
  • Attendance
  • Discipline
  • Health
  • Academic records/placement (on grade-level)
  • Student Schedule (if appropriate)
  • Parent/Guardian and other relatives/siblings on record
  • Other records - notes from previous session or other school staff, documents that may be on file from agencies, custody information, etc.

☐ Medicaid Reimbursement System - Learn how it works at your school (may be particularly important for special education students)

☐ Develop a referral sheet - A referral sheet will eliminate verbal references with no documentation. (See example on back page)

How do students and families’ access to social work services at the school?
  • Is there an appointment system used?
  • Will students need a pass?
  • How and from whom do they receive the passes?
  • Are there interpreter services or staff available when needed to communicate with non-English speaking students or parents?

What is in place for the school social worker to impact the whole school system?
  • Comprehensive behavior management system, RTI/RTI+, bullying prevention, school climate, attendance family involvement/participation (as a school or district initiative)?
  • Are there opportunities to co-teach?
  • Are there materials available to be distributed?
  • What are expectations from your administration, staff, and peers? What do they see as positive School Social Work Services?

☐ Find the union representative at the worksite and ask for support and information about school culture.

☐ Lean on the individuals most closely impacting students social/emotional needs and develop a monthly check-in/communication system with these peers.
  • Community agencies active in the school (e.g. Head Start, YWCA, Probation Service, faith-based groups, etc.)
  • Nurse
  • School Psychologist
  • School Secretary
  • Certified School Counselors
  • Others - including administrators and School Resource Officer (SRO)

☐ Students will need your services on day one (e.g. discipline, emotional upsets, attendance, homelessness, etc.) – BE VISIBLE!

☐ Introduce yourself to other educators and explain your role. Inquire about how they partnered with other School Social Workers in the past.
  • What works for them? (e.g. pull-out, push-in, co-teaching).
  • What needs do their students have?
  • Attend a faculty meeting or in-service to provide information on your services.

☐ Don’t be afraid to ask questions – you need information to do the best job for your students.

☐ Find out where students are referred for services when their needs cannot be met in the school environment.

Develop relationships with key staff from outside/community based-agencies:
  • County Caseworkers
  • Child Protective Services
  • Homelessness Support
  • Food Banks
  • Refugee Services
  • Police/Probation
  • Faith-based Organizations
  • MH/MR/ID programs, etc.

Attend community-based meetings of social services agencies to network/meet providers.

☐ Clarify your role in the school’s emergency/crisis plan.
  • What would your role be in the case of a violent incident at a school, a death in the school community, etc?
  • How might your role change during and after an incident
  • What type of ongoing support activities will you be asked to provide?

☐ Clarify your role in formal disciplinary and attendance matters.
  • Are you expected to play a role in prosecution of truancy cases with local District Court Judges or will your role be more supportive and child family oriented?

☐ Identify a location for you to conduct interviews or meet with children, parents, and others that is private and allows confidential communication.
  • Does this room have access to your confidential records? Can you make a confidential phone call or access the internet from this room?
CONFIDENTIAL SCHOOL REFERRAL FORM

Date Received _______

Student's Name_________________________________________ Grade & HmRm Teacher __________________

First Last

Parent/Guardian Name___________________________________________________________ Home Ph. (_______)

Work Ph. (_______) Cell Ph. ___________________________ Referred by: __Teacher _____Parent

_____Self _____Other

DOB_____________ Student lives with: _____________________________

Reason(s) for Referral- Problems/Concerns related to: (Please check all that apply.)

[ ] Dramatic change in behavior  [ ] Nervous/anxious  [ ] Chews (paper/clothes/hair)
[ ] Worries  [ ] Perfectionist  [ ] Makes Odd Sounds  [ ] Academics
[ ] Daydream/fantasizes  [ ] Aggression/Anger  [ ] Stealing  [ ] Absences
[ ] Grief  [ ] Swearing  [ ] Destruction of Property  [ ] Stealing
[ ] Fears  [ ] Fighting  [ ] Sexual Acting Out  [ ] Tardy
[ ] Sadness  [ ] Lying  [ ] Peer Relationships  [ ] Wk habits/organization
[ ] Always tired  [ ] Bullying  [ ] Social Skills  [ ] Completion of
[ ] Motivation  [ ] Disrespectful  [ ] Personal Hygiene  [ ] Assignments/Homework
[ ] Inattentive  [ ] Defiant  [ ] Family Concerns  [ ] Drop out risk (H.S.)
[ ] Withdrawn  [ ] Hurts self  [ ] Other____
[ ] Cries easily for age  [ ] Impulsive
[ ] Self-image/confidence  [ ] Over Active
[ ] Non-touchable/pulls away  [ ] Easily distracted

Clarify Referral Problem / History:

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 ACTIONS taken by the person referring this student, if applicable: (Please attach copies of any interventions attempted)

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________________________________________________________________________

Have you contacted parent/guardian about your concern? Y/N Date:______________

Explain below the outcome of parent contact:

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What other services is student receiving (Out-of-School counseling, etc.)?

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Signature of Person Making Referral ___________________________ Date of Referral _______