

# Pupil Personnel Services Credential Evaluation

## Specialization: School Social Work, Child Welfare & Attendance

CSULB ID  
Final Semester

Email:

**Bachelor's Degree:**

**Master's Degree:**

**CTC Clearance**

*Document Title:*

*Expiration Date:*

**Basic Skills**

*Met by:*

*Date Passed:*

**Coursework**

*Units/Grade:*

*Units/Grade:*

SW 500

SW 605

SW 503A

SW 620/630/650

SW 503B

SW 665

SW 505

SW 670

SW 570

SW 592

*Fieldwork:* SW 680A

SW 594A

SW 680B

SW 594B

SW 596A

SW 698A/C

SW 596B

SW 699A/C

**Clinical Clock Hours** *Submitted by program coordinator at the completion of your program*

*Date Received:*

Notes:

*Evaluation Date:*

*Evaluated By:*

*Date to Credential Candidate:*

*Date to Department:*