

“Part TWO”: Post-MSW PPSC Practice Experience

Please type or print clearly.

Applicant’s Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

The following activities are required as part of the practice experience for the PPSC. Please provide details for each of the categories below.

Reminder: In order for any of the below hours to potentially count towards your total 600 hours requirement, experiences must have been completed under the supervision of someone with a Master’s degree in Social Work and a PPSC in School Social Work and Child Welfare and Attendance. Additionally, of the required 600 hours, 100 hours must be performed in a secondary school setting. Furthermore, 450 hours of the 600 hours must be spent performing School Social Work activities, while the remaining 150 hours must be spent on Child Welfare and Attendance Activities.

1. On-site hours with an *ELEMENTARY* school population (if applicable).

School’s Name: _____

District’s Name: _____

District’s Address: _____

Number of Hours: _____

Supervisor/Preceptor’s Name: _____ PPS Credentialed? Y/N

Supervisor’s Email: _____ Phone Number: _____

Agency’s Name (if applicable): _____

Agency’s Address (if applicable): _____

How many hours and what responsibilities did you perform in the following situations:

- Individual Counseling Sessions: _____

- Family Counseling Sessions: _____

- Group Counseling Sessions: _____

- Home Visits: _____

- School Staff Consultation/Collaboration: _____

- Classroom Presentations: _____

- IEP Meetings: _____

- Community Collaboration: _____

2. On-site hours with a MIDDLE SCHOOL population (if applicable)

School's Name: _____

District's Name: _____

District's Address: _____

Number of Hours: _____

Supervisor/Preceptor's Name: _____

PPS Credentialed? Y/N

Supervisor's Email: _____

Phone Number: _____

Agency's Name (if applicable): _____

Agency's Address (if applicable): _____

How many hours and what responsibilities did you perform in the following situations:

- Individual Counseling Sessions: _____

- Family Counseling Sessions: _____

- Group Counseling Sessions: _____

- Home Visits: _____

- School Staff Consultation/Collaboration: _____

- Classroom Presentations: _____

- IEP Meetings: _____

- Community Collaboration: _____

3. On-site hour with a HIGH SCHOOL population (if applicable)

School's Name: _____

District's Name: _____

District's Address: _____

Number of Hours: _____

Supervisor/Preceptor's Name: _____ PPS Credentialed? Y/N

Supervisor's Email: _____ Phone Number: _____

Agency's Name (if applicable): _____

Agency's Address (if applicable): _____

How many hours and what responsibilities did you perform in the following situations:

- Individual Counseling Sessions: _____

- Family Counseling Sessions: _____

- Group Counseling Sessions: _____

- Home Visits: _____

- School Staff Consultation/Collaboration: _____

- Classroom Presentations: _____

- IEP Meetings: _____

- Community Collaboration: _____

4. 150 Child Welfare and Attendance hours

School's Name: _____

District's Name: _____

District's Address: _____

Number of Hours: _____

Supervisor/Preceptor's Name: _____

PPS Credentialed? Y/N

Supervisor's Email: _____ Phone Number: _____

Agency's Name (if applicable): _____

Agency's Address (if applicable): _____

How many hours and what responsibilities did you perform in the following situations:

- Attendance Review Meetings: _____

- SARB: _____

- Other (specify): _____

5. Ethnic Diversity

Describe how you interacted with students whose ethnicities and cultures differed from your own. List the different ethnicities and cultures you have worked with.

6. Additional PPS Activities

Describe any work you have participated in involving case consultation, training, staff meetings, PTA meetings, grant writing, program development and/or crisis intervention.

7. **Additional Comments/Information**

Signature

Date

Please mail "Part One" and "Part Two" applications to:

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Long Beach, CA 90840-0902