

PINELLAS COUNTY SCHOOLS
REVIEW OF SOCIAL WORK REPORTS
ORIGINATING OUTSIDE OF PINELLAS COUNTY PUBLIC SCHOOLS

I. Student's Name _____ DOB: _____ School: _____

Name of Social Worker Reviewing Report: _____

School District/Agency Sending Report: _____ Date of Report: _____

II. A. Professional Background:

___ Master Level Social Work

___ School Social Worker Employed
By School District

___ Licensed Clinical Social Worker

___ BSW Community Mental Health

___ Intern Master School Social Worker
(Co-signed by one of the above professionals)

B. Recency of Evaluation:

Age of child when evaluated: _____ Years _____ Months; Current Age: _____ Years _____ Months

C. ___ Data and report meet Pinellas County standards based upon data review, qualifications of evaluator and recency of evaluation. Results which must include the school social worker IEP Team.

___ Does not meet standards: _____

Reasons why: _____

III. Attach this form to each copy of the report.

_____ School Social Worker

_____ Date