

Wright State University
Child Welfare University Partnership Program Field Placement Disclosure
Form

Field Placement has as its purpose the opportunity for students to integrate classroom theory with client systems practice and to develop professional identity and skills. Practice takes place in a broad range of social service settings. The market of available placement positions is limited, and agencies are highly selective of the students they accept. Some agencies require and execute background checks for misconduct, such as felony convictions or documented violations of the National Association of Social Workers code of Ethics.

The Wright State University Department of Social Work requires each field applicant to sign this disclosure form. This form allows the School to inform a student's prospective field agencies of current or past felonious convictions; or other disciplinary procedures or other misconduct in violations of institutions where the individual may have attended; or other misconduct in violation of the NASW Code of Ethics. Agencies need this information in order to accept you as a student.

Please sign this form and submit it with your Child Welfare University Partnership Program Field Application. No application will be processed without this form.

I hereby grant permission for the Department of Social Work's Child Welfare University Partnership Program to notify any agency to which I apply as a field student to my current or past documented felony conviction, criminal misbehavior, or other misconduct in violation of the NASW Code of Ethics. I further attest that I have discussed with the officials of Wright State University Child Welfare University Partnership Program any current and /or previous criminal background information, which is inclusive of moving violations, misdemeanors, and felony charges and convictions.

Print Name: _____

Signature: _____

Date: _____



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad Street, Suite 1075

Columbus, Ohio 43215-5919

614-466-0912 & Fax 614-728-7790

<http://cswmft.ohio.gov> & cswmft.info@cswb.state.oh.us

CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE

Section 4757.101 of the Ohio Revised Code requires all individuals applying for a license issued by the CSWMFT Board (Board) to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI). This applies to applicants for PC, PCC, CT, LSW, LISW, SWA, SWT, MFT, IMFT and all TEMPs.

Applicants residing in Ohio are required to utilize "WebCheck", Ohio's electronic fingerprint system, to electronically submit their fingerprints to BCI. The Board will typically receive the results of a criminal records check submitted via "WebCheck" within 7 to 10 business days. In addition to the \$22 BCI fee and \$24 FBI fee, the electronic fingerprinting company/agency will charge its own fee to process the fingerprints.

Since the law requires applicants for licensure to submit a criminal records check completed by both BCI and FBI, you **must** use the services of a "WebCheck" vendor that participates in the "National WebCheck." The Sheriff's offices in most Ohio counties participate in the "National Web Check." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at:

<http://www.aq.state.oh.us/business/fingerprint/data/index.asp>

When locating an electronic fingerprinting site on this web page, please note that you must use the services of a vendor that has (BCI & FBI) listed after the vendor's name. Only these entities participate in "National WebCheck." The Board does not endorse or recommend any specific electronic fingerprinting company/agency.

**You need both the BCI and FBI criminal records check for each initial license type.
By law, the Board cannot complete the processing of your application until it receives the
background check reports from both the BCI and FBI.**

Steps for "WebCheck"

1. Identify a "WebCheck" vendor that participates in the "National WebCheck."
 2. Submit your fee directly to the "WebCheck" vendor. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD.**
 3. Request that the criminal records check results from both the BCI and FBI be sent directly to:
**Counselor, Social Worker & Marriage and Family Therapist Board
50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919**
- Results must be mailed from BCI to CSWMFT BD**
4. List the reason for fingerprinting as: "Required for licensure per ORC 4757.101. and Volunteer for Children's Act"
 5. Write clearly in black ink, as unreadable cards will be rejected. Do not alter the card or boxes.

Instructions for Individuals Residing Outside of Ohio

Individuals residing outside of Ohio must contact the Board at 614-466-0912 or cswmft.info@cswb.state.oh.us to request the appropriate forms. The Board will mail the forms needed for your fingerprints to be processed at your local law enforcement agency.

Child Welfare University Partnership Program Reference



Return Reference Letters to:

Jo Ellen Layne, LISW-S- UPP Campus Coordinator
Wright State University
272 Millett Hall, Dept. of Social Work
3640 Colonel Glenn Hwy
Dayton, Ohio 45435-0001

To the Applicant: Please provide the information requested in number 1, 2, & 3, and then give this form to the recommender.

1. Name of Applicant: _____
Last First Middle

2. Read the statements below and sign on the line that reflects your choice.

- The Family Education Rights and Privacy Act of 1974 entitle students to have access to the references in their permanent record at Wright State University. The applicant may waive this right of access, in which case the reference will be considered by Wright State University and will not be available to the student. The reference will, also, be shared with the county child welfare agency.

_____ I do not waive my right to access to this reference letter.

Applicant

Signature _____

- If you wish to waive your right to access to this reference, sign your name on the line below the following statement:
I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this reference. I agree that the observations made in this reference should be confidential between the writer, Wright State University, and the designated county – Children's Services agency.

_____ I waive my right to access to this reference.

Applicant

Signature _____

3. Name of Recommender: _____

To the Recommender: The person requesting this reference letter is applying for the Child Welfare University Partnership Program. This means that the student will be using social work education to prepare for employment in an Ohio public child welfare agency. Candidates for UPP are chosen jointly by Wright State University and a representative from Children's Services in the county where the student is applying for a field placement. Some benefits are available to students who successfully complete the social work program and obtain employment in a public child welfare agency. Child welfare work is quite challenging. We are asking for reference letters to help us determine if the student's strengths and abilities are a good match for the demands of public child welfare work. Your letter may be shared with the county agency as part of establishing the student field placement.

Student: _____

Recommender: _____

Please include in your letter the following information:

How long and in what capacity have you known the student?

- *Student's ability to learn new concepts*
- *Student's ability to learn new job related tasks*
- *Student's ability to organize when there are many tasks to complete*
- *Student's dependability*
- *Student's skill level related to taking initiative*
- *How student gets along with supervisors and co-workers*
- *Student's ability to relate to people from diverse backgrounds.*

Please describe what you believe to be the student's major strengths and any areas that may be deficient.

*Letter submission is optional. Please address all questions

Recommender's Signature

Date

Recommender's Name (Type or Print)

Position or Title

Recommender's Phone Number


Thank You!


Child Welfare University Partnership Program Admission Scoring

Name:			
Scorer (s) :			
Scoring Categories	Application and Reference Letters	Personal Statement and Written Case Assessment	Interview and Case Assessment
Demonstrates intellectual ability, academic achievement, GPA, and awards			
Ability to respect and work with diverse populations			
Sensitivity to the needs and feelings of others			
Ability to establish positive working relationships with others			
Demonstrates professional work habits			
Commitment to values & ethics of the social work profession			
Ability to be accountable for professional practice in working with others			
Willingness to accept direction, recommendations, and/or supervision			
Demonstrates a positive level of common sense/judgment			
Demonstrates acceptable levels of emotional stability			
Demonstrates ability to problem solve utilizing positive strategies			
Ability to complete task/assignments in a timely manner			
Ability to solicit help/assistance when needed			
Ability to effectively communicate in writing			
Ability to effectively communicate verbally			
Previous Child Welfare experience, Understands the duties of Child Welfare			

Attraction to Field, Commitment to Field			
Applicants overall potential for child welfare social work			
Column Scores (Each Possible <u>54</u>)			
Total Score (Possible 162)			
<i>Cut Off Score: 113</i>			

(0= below standard, 1= average, 2= above average, and 3 = exceptional
(Please use this * symbol if you are unable to evaluate the area based upon lack of opportunity).

 Support participation

 Do Not Support participation

Permission for Post Graduation Contact

Print Name _____

Sign Name _____

Date _____

UPP Post Graduation Information

Student Contact Information		
Permanent Address		
City		
State, Zip Code		

UPP Post Graduation Information

Pre/Post Results		Pretest Score		Posttest Score	
Number of Years in UPP Prior to Current Involvement					
Student Accepts Employment		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Hire					
Agency	Agency Address	Supervisor Upon Hire	Supervisor Phone	Supervisor Email	

UPP Graduate Annual Update

Student Contact Information		
Permanent Address		
City		
State, Zip Code		

Promotional History

Position Title				
Dates of Promotion				
Agency	Agency Address	Supervisor	Supervisor Phone	Supervisor Email

Program Withdrawal

Program Withdrawal	<input type="checkbox"/> Yes <input type="checkbox"/> No
If With Drew	<input type="checkbox"/> Pre-graduation <input type="checkbox"/> Post-graduation but Pre-employment <input type="checkbox"/> Post-Employment
Reason for Program Withdrawal	<input type="checkbox"/> Agency termination <input type="checkbox"/> Decided not to pursue a career in child welfare <input type="checkbox"/> Return to Graduate School <input type="checkbox"/> Unable to Find Employment <input type="checkbox"/> Moved Out of State <input type="checkbox"/> Family Circumstances <input type="checkbox"/> Criminal Background <input type="checkbox"/> Other
If other, Describe:	

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Employment Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Termination	
Reasons for Employment Termination	<input type="checkbox"/> Better salary <input type="checkbox"/> Supervisory Issues <input type="checkbox"/> Supervisory Issues <input type="checkbox"/> Workload <input type="checkbox"/> Co-Worker Issues <input type="checkbox"/> Opportunities for Advancement <input type="checkbox"/> Other Organizational Issues <input type="checkbox"/> Burnout (emotional exhaustion, role overload, stress) <input type="checkbox"/> Other, Personal
Please Describe:	