The Indiana

School Social Work Manual

Indiana School Social Work Association

2009

PREFACE:

The Indiana School Social Work Association (INSSWA), with the support of the Indiana Department of Education (IDOE), developed this manual for school social workers in Indiana. This document is based on the “Manual for School Social Work Practice in Minnesota.” INSSWA wishes to acknowledge the exceptional assistance that the Minnesota document provided to Indiana’s manual. The editors and contributors wish to express their appreciation to the Minnesota editors for their work and willingness to share the content of their manual with the school social workers of Indiana.

PURPOSE:

The expectation is that this collaborative document will provide a valuable resource to school social work practitioners, school administrators and school social work students. We trust that this document will serve to improve knowledge and skills, foster collaboration among school professionals, and enhance opportunities for school social workers as communities recognize the valuable contribution that school social work services provide to students, families, schools and communities.

ACKNOWLEGEMENTS:

Many Indiana school social workers contributed to this manual and their efforts are very much appreciated. The School Social Work Manual Committee members would also like to thank the editors of the “Manual for School Social Work Practice in Minnesota” for allowing us to share their wonderful document.

The following committee members voluntarily contributed to this document and we are appreciative of their valuable time and expertise.

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CHAPTER I

MISSION OF SCHOOL SOCIAL WORK

Objective

School Social Work Mission

Philosophical Perspective

Role of the School Social Worker

**Chapter 1**

**Mission of School Social Work Practice**

**Objective:** To describe the philosophical and ecological perspective of the role of school social workers in Indiana schools.

**School Social Work Mission**

The mission of school social work is to promote student learning by reducing social, emotional, economic and environmental barriers to learning, while teaching and supporting those behavioral, social and resiliency skills that are fundamental to student success.

**Philosophical Perspective of School Social Work**

The uniqueness of school social work lies in the ecological perspective in which the student is viewed within the context of the classroom, the family, the community and his/her culture. Training as a social worker prepares professionals to understand how community and societal issues impact students and teaches them to assess the functioning of individual students in the context of multiple environments. The focus on the student and the environment organizes our approach towards building on strengths rather than centering on pathological defects. Interventions that promote positive educational outcomes for all students are embedded in the historical social work commitment to social and economic justice for all people. School social workers build partnerships between families and the school to develop a shared approach that will promote the individual student’s learning.

**Role of School Social Work**

School Social Workers are professionals who meet the state requirements to practice social work in the school setting. School social workers are prepared to understand and assess the functioning of an individual student within the context of multiple environments. School social workers provide services related to the student’s social and emotional adjustment to school, family, community and society. School social workers are the link between the school, home and community providing direct services and indirect services to students, families and school personnel to promote and support students’ academic and social success. School social workers are prepared to provide a breadth of services as members of interdisciplinary teams. (See Appendix: “Role of the School Social Worker” and “Response to Intervention: New Roles for School Social Workers.” These services include, but are not limited to:

* assessment and screening
* counseling and support groups
* crisis intervention
* home-school collaboration
* classroom, school and staff presentations
* services to families
* advocacy
* knowledge of community and culture
* ability to identify and access available resources

CHAPTER II

SCHOOL SOCIAL WORK REQUIREMENTS AND STANDARDS OF PRACTICE

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Objective

School Social Work Licensure Requirements

School Social Work Ethical Codes and Standards

Indiana School Social Work Standards

Indiana Standards for School Services Professionals

Accredited School Social Work Programs in Indiana

Legal and Ethical Issues for School Social Workers

**Chapter II**

**School Social Work Requirements and Standards of Practice**

**Objective:** To identify the licensure requirements and standards of practice necessary to practice as a school social worker in Indiana.

**Indiana School Social Worker Licensure Requirements**

In order to practice as a school social worker in Indiana it is important to know that school social work is a dual-licensed profession. Requirements are as follows:

* The MSW Degree from an accredited university. IC **511 IAC 4**
* The Student Services License obtained from the Indiana Center for Accreditation, Assessment and Licensing.
* The LSW and/or LCSW social work license(s) obtained from the Indiana Professional Licensing Agency (IPLA). IC 25-23.6-4-2

Under Rules 2002, if your application for a Student Services—School Social Work license is approved, you will receive a two-year Initial Practitioner License. If accepted for a school social work position, beginning school social workers will complete a two-year Initial Practitioner process with the assistance of a trained school social work mentor. A copy of the list of trained school social work mentors may be obtained from the Center for Accreditation, Assessment and Licensing. The school administrator is responsible for enrolling you in the Indiana Mentoring and Assessment Program (IMAP-SW). Once enrolled in I-MAP contact someone from the list of trained school social work mentors to request that they serve as your school social work mentor for the next two years. Information regarding your responsibilities and those of your administrator may be found at the Center for Accreditation, Assessment and Licensing web page: [www.doe.state.in.us/dps/beginningteachers/welcome.html](http://www.doe.state.in.us/dps/beginningteachers/welcome.html)

During the second year you are enrolled in the IMAP, you will work with your mentor to develop a portfolio that will be approved by Center for Accreditation, Assessment and Licensing. Once you successfully complete the mentoring/portfolio process, you will receive a five year Proficient Practitioner’s license at which time you may begin developing a **Professional Growth Plan (PGP)** that will be required for license renewal**.** You will then continue to renew your practitioner’s license every five years based on successfully completing your PGP. Note that unlike licensing under the previous rules, you cannot send in your LSW or LCSW for renewal but you can use continuing education activities as part of PGP for renewal.

School social workers practicing under the Rules 46/47 licensure may renew their license every five years by submitting their current LSW/LCSW license with their application materials.

School social workers must renew their professional LSW/LCSW license(s) every 2 years by obtaining 20 CEUs every year, including 1 CEU in Ethics each year. The license year runs from April 1st to March 31st.

Questions regarding the practice of school social work in Indiana can be directed to:

* The Indiana School Social Work Association ([www.insswa.org](http://www.insswa.org))
* The Indiana Department of Education School Social Work Consultant

([dkempson@doe.in.gov](mailto:dkempson@doe.in.gov))

Go to <http://www.doe.in.gov/sservices/pdf/ssw_statutory_qualifications.pdf> for more information on the licensure procedure for school social workers.

**School Social Work Ethical Codes and Standards**

The practice of social work is guided by The National Association of Social Work Code of Ethics. The purpose of the NASW code is quoted from the guide as follows:

“Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers’ conduct. The Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.”

The NASW Code of Ethics serves six purposes:

1. The *Code* identifies core values on which social work’s mission is based.
2. The Code summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The Code provides ethical standards to which the general public can hold the social work profession accountable.
5. The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards.
6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members. In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

NASW Code of Ethics: Revised 1996, Revised 1999

The NASW Code of Ethics and the Standards of School Social Work Practice can be viewed at the National Association of Social Workers website at:

[www.socialworkers.org/pubs/Code/code.asp](http://www.socialworkers.org/pubs/Code/code.asp)

**Indiana School Social Work Standards**

The Indiana School Social Work Standards were developed by a committee of school social workers and other school professionals impacted by school social work standards. These standards are aligned to the national standards and specific to Indiana.

[www.doe.in.gov/dps/standards/School\_Social\_Workers.pdf](http://www.doe.in.gov/dps/standards/School_Social_Workers.pdf)

**Indiana Standards for School Services Professionals**

The Standards for School Services Professionals are designed to serve as a core set of standards for all school services providers. These standards are not designed to serve as profession-specific standards in any school services area.

[www.doe.in.gov/dps/standards/SchoolServiceContStds.html](http://www.doe.in.gov/dps/standards/SchoolServiceContStds.html)

**Accredited School Social Work Programs in Indiana**

* Indiana University School of Social Work, Indianapolis
* Indiana University School of Social Work N.W.
* University of Southern Indiana, Evansville

**Legal and Ethical Issues for School Social Workers**

* **Record Keeping**

School social workers have a professional responsibility to keep sufficient records regarding their services to students. Sufficient records will include written documentation of contacts, releases of information, and written permissions to see a student. Social workers keep written documentation called case progress notes. Case progress notes are brief and include the date of contact, type of contact, topic covered and interventions. Case progress notes need to be kept confidential in a locked and private location. School Social Workers’ private case notes are not considered part of school records. This is true also when private notes are kept on a computer as long as the notes have not been shared with others and have been kept password protected (SSWAA Position Statement 2001).

School social workers need to be familiar with The Family Educational Rights and Privacy Act (FERPA) that governs public school record and other state and local laws, as well as policies that would pertain to record keeping and confidentiality. School Social Work records gathered as part of an educational evaluation for services are considered part of the official school record. Such records would include social-developmental histories, assessment summaries, progress notes related to Individual Education Plans, functional behavior assessments, observations, behavior intervention plans, and any other documentation related to individual education plan programming.

* **Confidentiality**

The practice of confidentiality in a school setting can pose challenging decisions for a school social worker due to the ecological approach used to meet the needs of a student. Other challenges include factors such as the age of the student, the purpose of the social work involvement, the interests of the parents, teachers and administrators, and the ethical and legal parameters of confidentiality. School social workers must pay attention to their ethical and legal responsibility when making professional decisions regarding confidentiality. School social workers need to have knowledge and understanding of their social work code of ethics, standards of school social work practice, federal and state laws, and local school district policies that govern client confidentiality and school records. A position statement providing guidelines on confidentiality and school social work practice can be viewed at the School Social Work Association of America:

[www.sswaa.org/about/confidentiality.html](http://www.sswaa.org/about/confidentiality.html)

The social work Code of Ethics and Standards of School Social Work practice can be viewed at the National Association of Social Workers (NASW) website:

[www.socialworkers.org/practice/default.asp](http://www.socialworkers.org/practice/default.asp)

The Family Education Rights and Privacy Act (FERPA) that protects the privacy of student education records can be viewed at the following website:

[www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)

Health Insurance Portability Accountability Act of 1996 (HIPAA) that protects health data can be found on their website:

[www.cms.hhs.gov/HIPAAGenInfo/](http://www.cms.hhs.gov/HIPAAGenInfo/)

CHAPTER III

THE PROFESSION OF SCHOOL SOCIAL WORK:

RESOURCES FOR ADMINISTRATORS

Objective

Purpose

Job Description

Interview Questions

Performance Evaluation

Professional Growth Plan

**Chapter III**

**The Profession of School Social Work: Resources for Administrators**

**Objective:**

To provide guidance to school administrators when recruiting and supervising school social workers.

**Purpose:**

The purpose for this chapter is intended to provide guidance to school administrators when recruiting and supervising school social workers. A sample job description, interview questions, and performance evaluation plan are included. These tools need to reflect the actual role and responsibilities required of the school social worker by the setting in which they practice. School social work positions differ depending on the needs of the student population being served, as well as the school’s unique needs. Therefore, responsibilities would also differ and would need to be made clear upon hiring.

## SAMPLE SCHOOL SOCIAL WORKER JOB DESCRIPTION

## MINIMUM QUALIFICATIONS:

In order to practice as a school social worker in Indiana, it is important to know that school social work is a dual-licensed profession. Requirements are as follows:

* The MSW Degree from an accredited university. IC **511 IAC 4**
* The Student Services License obtained from the Indiana Center for Accreditation, Assessment and Licensing.
* The LSW and/or LCSW social work license(s) obtained from the Indiana Professional Licensing Agency (IPLA). IC 25-23.6-4-2

## JOB GOAL:

To maximize student learning by addressing and impacting students’ personal, social and emotional needs in home, school, and community.

## RESPONSIBILITIES: (will vary across settings)\*

1. Assess student functioning, both formally and informally, in the home, school and community, identifying factors that may negatively impact his or her education while also assessing strengths.
2. Provide counseling to individuals and groups and their families, using appropriate therapeutic strategies.
3. Promote consistent school attendance.
4. Provide crisis intervention services for students, demonstrating skill in diagnosing and recommending appropriate treatment for mental health/behavioral needs.
5. Consult and collaborate effectively with community agencies and other mental health professionals to coordinate service.
6. Actively participate in multidisciplinary teams, and provide consultation to school personnel regarding home, neighborhood, and community conditions that may affect student well being.
7. Demonstrate knowledge of district, state, and federal policies, including due process guidelines and child abuse/neglect reporting.
8. Maintain records in a manner consistent with district practices.
9. Maintain functional office area with materials accessible and organized.
10. Prioritize school social work needs and manage time accordingly.
11. Uphold the ethical standards of the social work profession.

\*School social work positions differ depending on the needs of the student population being served, as well as the school’s unique needs. Therefore, responsibilities would also differ and would need to be made clear upon hiring.

# SAMPLE SCHOOL SOCIAL WORKER INTERVIEW QUESTIONS\*

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MAY RATE EACH QUESTION 1-5)

## KNOWLEDGE AND EXPERIENCE

1. Describe your education and how it has prepared you for this position.
2. Please tell us about your background in working with children who exhibit social/emotional problems in a school or other setting.
3. Have you had a practicum/internship or related experience in school social work? If so, describe your tasks and responsibilities and what you learned from this experience.
4. What do you think the role of the school social worker is in:
   1. Participating in an IEP meeting?
   2. Developing a positive school climate?
   3. Reporting abuse/neglect?
   4. Talking to a disgruntled parent?
   5. Providing prevention, assessment, intervention, and referral services to the school community at the school-wide, targeted and intensive levels?

## SKILLS

1. Describe how you would assess the needs of a child who is being referred by a classroom teacher; a parent.
2. How might you use technology to help you be more efficient?
3. How important is race, ethnicity, cultural, and social factors when assessing a student for special education? Describe how you might relay this to the team.

## SCENARIOS

1. You have been asked to facilitate a small group to teach social skills. How would you proceed?
2. A junior high girl told her teacher that a friend of hers told her she was going to kill herself. The teacher told you. What do you do?
3. Parents of a student with an IEP with whom you work are calling you and the teacher at least weekly, saying they are upset with their child’s program and is bad-mouthing the teacher to you. What steps might you take to resolve this conflict?
4. You hear from a teacher that “Jimmy” has increasingly aggressive behavior toward others. He is not on an IEP. The teacher has asked him to stop, but the situation is getting worse. How would you handle this?
5. There is chatter about certain students in the teachers’ lounge that you feel is inappropriate. How might you handle this situation?

\*Questions should be added to or changed to fit your school’s school social worker’s position needs.

**PERFORMANCE EVALUATION**

A school social worker providing services in a school may be the only social work professional in the school building. Their performance typically is evaluated by an administrator. To assist this person in effectively evaluating the performance of a school social worker, an example of a School Social Work Performance Evaluation can be found in Appendix 2 of this manual. This document may be adapted for the purposes of an individual school.

**PROFESSIONAL GROWTH PLAN**

A school social worker working under Rules 46/47 may choose to renew the student services license by completing and submitting a Professional Growth Plan which identifies goals and the activities completed to meet those goals. For complete information on the Student Services Professional Growth Plan, go to: [www.doe.in.gov/dps/renewal/growth/docs/school\_services\_renewal.pdf](http://www.doe.in.gov/dps/renewal/growth/docs/school_services_renewal.pdf) . If that is the choice, the school social worker must continue to renew with a PGP plan. A school social worker working under Rule 2002 is mandated to complete a PGP for license renewal.

CHAPTER IV

LEGISLATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Laws

State Laws

**Chapter IV: Legislation**

**Objective:** To provide links and a short description of the federal and state mandates that school social workers need to be familiar with to practice in a school setting.

**Federal Laws**

**Americans with Disabilities Act** **of 1990** (Pub. L. 101-336):

This law establishes a clear and comprehensive prohibition of discrimination on the basis of disability: [www.eeoc.gov/policy/ada.html](http://www.eeoc.gov/policy/ada.html)

Pub. L 104.33 Free appropriate public education:

A recipient who operates a public elementary or secondary education program or activity shall provide a free appropriate public education to each qualified handicapped person who is in the recipient’s jurisdiction, regardless of the nature or severity of the person’s handicap.

**Family Education Rights and Privacy Act** (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99):

The Family Educational rights and Privacy Act is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Most recent revisions were effective 01-08-09.

[www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)

[nces.ed.gov/pubs2006/2006805.pdf](http://nces.ed.gov/pubs2006/2006805.pdf)

**Health Insurance Portability Accountability Act of 1996** (HIPPA) (Pub. L 104-191):

This law establishes national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data.

[www.hipaa.org/](http://www.hipaa.org/)

**Individuals with Disabilities Education Improvement Act of 2004** (Pub L. 108-446):

This federal law ensures services to children with disabilities throughout the nation and governs how states and public agencies provide early intervention, special education, and related services to infants, toddlers, children, and youth with disabilities. Part B (ages 3-21). Part C (ages birth-2).

[www.idea.ed.gov/](http://idea.ed.gov/)

**Language Instruction for Limited English Proficient and Immigrant Students (**Title III of the No Child Left Behind Act):

This is a federal program for limited-English-proficient and immigrant students.

[www.ncela.gwu.edu/](http://www.ncela.gwu.edu/)

**McKinney-Vento Homeless Assistance Act (**Title X, Part C of the No Child Left Behind Act**):**

This law pertains to the education of children and youth experiencing homelessness in U.S. public schools.

[www.serve.org/nche/m-v.php](http://www.serve.org/nche/m-v.php)

[www.doe.in.gov/alted/homelesslinkpg.html](http://www.doe.in.gov/alted/homelesslinkpg.html)

**Migrant Education Program** (Title I-Part C of the No Child Left Behind Act):

This law improves the educational opportunities and educational success of migrant children, youth, agricultural workers, and fishers and their families, plus it administers grant programs that provide academic and supportive services to the children of families who migrate to find work in the agricultural and fishing industries.

[www.ed.gov/about/offices/list/oese/ome/index.html](http://www.ed.gov/about/offices/list/oese/ome/index.html)

**No Child Left Behind Act of 2001** (Pub.L. 107-110):

This law reauthorized a number of federal programs aiming to improve the performance of [primary](http://en.wikipedia.org/wiki/Primary_education) and [secondary schools](http://en.wikipedia.org/wiki/Secondary_school) by increasing the standards of accountability for [states](http://en.wikipedia.org/wiki/State_education_agency), [school districts](http://en.wikipedia.org/wiki/School_district), and schools, as well as providing parents more flexibility in choosing which schools their children will attend. Additionally, it promoted an increased focus on reading and re-authorized the [Elementary and Secondary Education Act](http://en.wikipedia.org/wiki/Elementary_and_Secondary_Education_Act) of 1965 (ESEA). The act is based on the belief that setting high expectations and establishing measurable goals can improve individual outcomes in education. The Act requires states to develop assessments in basic skills to be given to all students in certain grades, if those states are to receive federal funding for schools.

[www.ed.gov/nclb/landing.jhtml](http://www.ed.gov/nclb/landing.jhtml)

**Safe and Drug-Free Schools and Communities** (Title IV, Part A of the No Child Left Behind Act):

This law supports programs that prevent violence in and around schools; prevents the illegal use of alcohol, tobacco, and drugs; that involve parents and communities; and that are coordinated with related Federal, State, school, and community efforts and resources to foster a safe and drug-free learning environment that supports student academic achievement.

[www.ed.gov/policy/elsec/leg/esea02/pg51.html](http://www.ed.gov/policy/elsec/leg/esea02/pg51.html)

**State Laws**

**Indiana Department of Education** (IDOE) website:

[www.doe.state.in.us/welcome.html](http://www.doe.state.in.us/welcome.html)

**IDOE Office of Student Services:**

[www.doe.state.in.us/sservices](http://www.doe.state.in.us/sservices)

**511 IAC 4-1.5-1 Article 4: The Student Services Rule:**

Sec. 4. (a) School corporations shall provide educational and career services at the secondary school level.

Sec. 5. (a) School corporations shall provide student assistance services at the elementary and secondary school levels.

(b) Student assistance services shall be coordinated by a:

(1) certified school counselor;

(2) certified school psychologist; or

(3) certified school social worker (master’s level).

Sec. 5. (a) School corporations shall provide student assistance services at the elementary and secondary school levels.

(b) Student assistance services shall be coordinated by a:

(1) certified school counselor;

(2) certified school psychologist; or

(3) certified school social worker (master’s level).

(c) Student assistance services shall include, but are not limited to, the following:

(1) prevention

(2) assessment

(3) intervention

(4) referral

**IDOE Center for Exceptional Learners:**

[www.doe.in.gov/exceptional](http://www.doe.in.gov/exceptional)

**IDOE Office of Student Services:**

[www.doe.in.gov/sservices](http://www.doe.in.gov/sservices)

**Compulsory Instruction**

Indiana Compulsory School Attendance Law 511 IAC 20-33-2:

A student must attend school from “the beginning of the fall school term for the school year in which the student becomes seven (7) years of age until the date on which the student:  
        (1) graduates;  
        (2) becomes eighteen (18) years of age; or  
        (3) becomes sixteen (16) years of age but is less than eighteen (18) years of age and the requirements under section 9 of this chapter concerning an exit interview are met enabling the student to withdraw from school before graduation; whichever occurs first.”

[www.ai.org/legislative/ic/code/title20/ar33/ch2.html](http://www.ai.org/legislative/ic/code/title20/ar33/ch2.html)

**Habitual Truant**

**IC 20-33-2-11**

A child who is designated as a habitual truant, which must, at a minimum, define the term as a student who is chronically absent, by having unexcused absences from school for more than ten (10) days of school in one (1) school year.

**Dropout**

**IC 20-33-2-9**  
**Exit interviews; withdrawal requirements:**

A student who is at least sixteen (16) years of age but less than eighteen (18) years of age is bound by the requirements of compulsory school attendance and may not withdraw from school before graduation unless:

  (1) the student, the student's parent, and the principal agree to the withdrawal;  
         (2) at the exit interview, the student provides written acknowledgment of the withdrawal that meets the requirements of subsection (c) and the:  
             (A) student's parent; and  
             (B) school principal;  
         each provide written consent for the student to withdraw from school; and  
         (3) the withdrawal is due to:  
             (A) financial hardship and the individual must be employed to support the individual's family or a dependent;  
             (B) illness; or  
             (C) an order by a court that has jurisdiction over the student.  
A written acknowledgment of withdrawal under subsection (b) must include a statement that the student and the student's parent understand that withdrawing from school is likely to:

(1) reduce the student's future earnings;

(2) increase the student's likelihood of being unemployed in the future.  
*As added by P.L.1-2005, SEC.17. Amended by P.L.185-2006, SEC.12.*

**Indiana PL 221 1991:**

Indiana schools are most familiar with this law in its expectation that every school shall have a School Improvement Plan which includes:

* 1. safe and disciplined learning environment,
  2. attendance,
  3. academic achievement, and
  4. working toward accountability for student support services and shall monitor continuous improvement.

Student assistance personnel are integral to this process as it is their skills that assess and intervene for those students encountering behavioral needs and social/emotional barriers to learning.

**511 IAC 7 (Article 7) 2008** Indiana’s interpretation of the federal special education legislation.

**Sections of Article 7 specific to early intervention services:**

**511 IAC 7-40-2 Comprehensive and Coordinated Early Intervening Services:**

In implementing comprehensive and coordinated early intervening services under this section, a public agency may carry out activities that include, but are not limited to, the following:

(1) Professional development (which may be provided by entities other than public agencies) for teachers and other school staff to enable such personnel to deliver scientifically based academic and behavioral interventions, including scientifically based literacy instruction, and, where appropriate, instruction on the use of adaptive and instructional software.

(2) Providing educational and behavioral evaluations, services, and supports, including scientifically based literacy instruction.

**511 IAC 7-40-5 Conducting an Initial Educational Evaluation:**

For a student with a suspected learning disability, the educational evaluation report must include:

2 (A) whether the student:

(i) does not achieve adequately for the student’s age or to meet state grade level standards in one or more of the areas identified in 511 IAC 7-41-12(a)(1), when provided with learning experiences and instruction appropriate for the student’s age or state grade level standards; and

(ii) meets the criteria in sub-items (AA) or (BB) of this item.

* (AA) The student does not make sufficient progress to meet age or state grade level standards in one or more of the areas identified in 511 IAC 7-41-12(a)(1), **when using a process** based on the student’s response to scientific, research-based intervention.
* (BB) The student exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state grade level standards, or intellectual development, that is determined by the multidisciplinary team to be relevant to the identification of a specific learning disability. The multidisciplinary team is **prohibited from using a severe discrepancy between academic achievement and global cognitive functioning to meet this requirement**.

**General Educational Development** (GED)

HB 1647 2007

1. Expands eligibility for the 21st Century Scholars program to Grade 7 students, and, beginning with the 2008-09 school year, to Grade 6 students.

2. Provides that an individual must be at least 18 or have withdrawn from school with

permission to receive a GED diploma.

1. Modifies the formula for determining graduation rates, and adds an informational five-year and six-year graduation rate determination.

**Good Citizenship** (IC 20-10.1.4-4.5):

In 1995, the Indiana General Assembly passed a mandate for good citizenship education and delineated thirteen character qualities necessary for Indiana citizens.

(1) Being honest and truthful.

(2) Respecting authority.

(3) Respecting the property of others.

(4) Always doing one's personal best.

(5) Not stealing.

(6) Possessing the skills necessary to live peaceably in society and not resorting to violence to settle disputes, including methods of conflict resolution.

(7) Taking personal responsibility for obligations to family and community.

(8) Taking personal responsibility for earning a livelihood.

(9) Treating others the way one would want to be treated.

(10) Respecting the national flag, the Constitution of the United States, and the Constitution of the State of Indiana.

(11) Respecting one's parents and home.

(12) Respecting one's self.

(13) Respecting the rights of others to have their own views and religious beliefs.

**Graduation**

Indiana's Diploma Requirements:

[www.doe.state.in.us/core40/diploma\_requirements.html](http://www.doe.state.in.us/core40/diploma_requirements.html)

The Indiana State Board of Education has adopted new course and credit requirements for earning a high school diploma.  These new requirements went into effect for students entering high school in fall 2006.  With these changes, students will have the option of earning four diploma types:

* General
* Core 40
* Core 40 with Academic Honors
* Core 40 with Technical Honors

The Indiana General Assembly has made completion of Core 40 a graduation requirement for all students beginning with those entering high school fall 2007.  The legislation includes an opt-out provision for parents who determine that their student could benefit more from the General Diploma.  The legislation also makes Core 40 a minimum college admission requirement for the state’s public four-year universities beginning in fall 2011.

**Child Protection Services:**

[www.pcain.org/indiana\_laws.asp](http://www.pcain.org/indiana_laws.asp)

Each county will have a Department of Child Services which will be the primary agency responsible to receive, investigate or arrange for investigation, and coordinate the investigation of all reports of known or suspected child abuse or neglect.

**Child Protection Laws in Indiana:**

CHINS law: **A child is in need of services if before the child's 18th birthday, IC 31-34-1**

Mandatory reporting law: (IC31-33-5-1)   
  
Failing to report law: (IC31-33-22-1)   
  
False reporting law: (IC31-33-22-3)

Immunity from liability law: (IC31-33-6-1)

Confidentiality law: (IC31-33-18-4)

**Adult Protective Services:**

[www.in.gov/fssa/da/3479.htm](http://www.in.gov/fssa/da/3479.htm)

The Adult Protective Services (APS) program was established to investigate reports and provide intervention and protection to vulnerable adults, 18 years of age and older, who are victims of abuse, neglect, or exploitation.  APS field investigators operate out of the offices of county prosecutors throughout the state. All persons are required by law to report all cases of suspected abuse, neglect, or exploitation to either the nearest APS office or to law enforcement.

**Children’s Mental Health**

Senate Enrolled Act 529 Charges the Indiana Dept. Of Education to:

Develop a Children's Social, Emotional, and Behavioral Health Plan, containing short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth (0) through age 22.

The CSEBHP was finalized in 2006 and is available at:

[www.doe.in.gov/exceptional/docs/Children’s\_Plan\_Find\_053106.pdf](http://www.doe.in.gov/exceptional/docs/Children's_Plan_Find_053106.pdf)

**Crisis Management Policy**

511 IAC 4-1.5-7 Crisis intervention plans:

Sec. 7. Each school corporation shall, in concert with the emergency preparedness plan developed under 511 IAC 6.1-2-2.5, develop a crisis intervention plan for the school corporation and for each school in the school corporation. The plan, which should be developed by student services personnel in conjunction with school administrators and community crisis intervention personnel, shall include crisis management and intervention provisions.

**Discipline**

DUE PROCESS AND DISCIPLINE IC 20-33

Chapter 8. Student Discipline

Sec. 9. (a) This section applies to an individual who:

(1) is a teacher or other school staff member; and

(2) has students under the individual's charge.

(b) An individual may take any action that is reasonably necessary to carry out or to prevent an interference with an educational function that the individual supervises.

(c) Subject to rules of the governing body and the administrative staff, an individual may remove a student for a period that does not exceed five (5) school days from an educational function supervised by the individual or another individual who is a teacher or other school staff member.

Sec. 10. (a) A principal may take action concerning the principal's school or a school activity within the principal's jurisdiction that is reasonably necessary to carry out or prevent interference with an educational function or school purposes.

(b) Subsection (a) allows a principal to write regulations that govern student conduct.

**Indiana Family and Social Services Administration (FSSA):**

FSSA is a health care and social service funding agency. Ninety-four percent (94%) of the agency's total budget is paid to thousands of service providers ranging from major medical centers to a physical therapist working with a developmentally delayed child. The FSSA budget of $6.5 billion is funded by $2.1 billion in State dollars and $4.4 billion in Federal grants and programs. The six care divisions in FSSA administer services to one million Hoosiers.

[www.in.gov/fssa/ddrs/index.htm](http://www.in.gov/fssa/ddrs/index.htm)

CHAPTER V

STUDENT EVALUATION AND

ASSESSMENT PROCEDURES

Objective

Social Developmental History

Problem-solving Consultation

Classroom Observation

Functional Behavioral Assessment and Positive Behavioral Interventions and Supports

Standardized Assessments

**Chapter V**

**Student Evaluation and Assessment Procedures**

**Objective:** To provide an overview of the assessment and evaluation processes used by school social workers.

School social workers use assessment to learn about the strengths and functioning of a student within the school, home, and community environments. Assessment is a systematic process of gathering information that can be used to guide a school social worker in deciding on interventions, providing consultation to school staff and parents, and assisting in the identification and planning for students with disabilities. School social workers use a variety of methods in assessment which may includes student, parent, and staff interviews; observations across home, school and community environments; review of records; administration of questionnaires and rating scales; and socio-metric techniques. School social workers use assessment to guide their own delivery of service and also to assist school assessment teams. Assessments need to be individualized and varied depending on the purpose for the assessment. School social workers need to be culturally sensitive about their assessment practices. This section will detail the process and function of the Social Developmental History, the Problem-solving Consultation, the Adaptive Behavior Assessment, classroom observation, the Functional Behavior Assessment, and Positive Intervention and Supports.

**Social Developmental History**

The Individuals with Disabilities Education Act (IDEA) [34CFR§ 300.24] identifies “preparing a social or developmental history on a child with a disability” as a key function of social work services in the schools. A Social Developmental History is a comprehensive assessment process used by school social workers to obtain information about a student’s social, emotional, and behavioral functioning within the context of school, home and community and includes cultural, environmental and family influences on the student’s learning and behavior. A Social Developmental History contributes valuable information to school assessment teams, staff, and parents in identifying student strengths and areas of need, developing interventions and positive behavior support plans, identifying eligibility for special services in school, and assisting the school social worker in identifying and connecting students and parents to needed community resources and counseling. A Social Developmental History can be an invaluable tool as an integral part of needs assessment concerning which of the three levels of interventions—school-wide, targeted, or intensive—are most appropriate for a student.

A Social Developmental History gathers past and present information on a student’s social, emotional, behavioral, academic and developmental functioning across the school, home, and community settings. Multiple sources are used to obtain information including: interviews with parents, teachers, the student and others; observations of the student in multiple settings; a review of school records; and agency reports and evaluations.

The information gathered through multiple sources should cover the student’s developmental history, school history, family history, cultural influences, and current issues and concerns.

Developmental history should include information on health history, birth and development, interpersonal relationships, social play, emotional development, temperament, coping skills, problem-solving skills, interests, activities, talents, adaptive behavior, self esteem, independence, self awareness and responsibilities.

School history information should include early learning experiences both in and out of the home, day care, preschool, formal and informal learning experiences, parent and teacher observation of student’s learning, behavior, social, and emotional functioning in school environments over time.

Information about family history, cultural background and current issues should cover current family structure and relationships, parenting patterns, family interests and activities, stressors or areas of concern, history of present or past learning, social or emotional issues within the family or extended family, cultural and religious influences.

The information about the family and student obtained through a social developmental history is summarized and reported within the comprehensive assessment report prepared by a school’s assessment team.

Parents, teachers and the student should be told how the information they have contributed to the social developmental history will be reported and with whom it will be shared. Some information may be too confidential to be included in an assessment report for school records. Alternative wording may be agreed upon that reflects the significance of the information to the student’s learning experience.

School social workers use their training and skills in interviewing and knowledge about child development, families, mental health, behavior, schools, and learning to guide them in preparing each social developmental history. Each social developmental history will be individualized to meet the purpose and intent for completing it.

**Problem Solving Consultation**

Consultation in school social work is a process of collaborating with others in the service of student learning. The process is generally solution-focused and acknowledges the wisdom that the consultee and the consultant offer in their work together.

School social workers serving as consultants can assume the following roles: objective observer/reflector, fact finder, process counselor, alternative identifier and linkage resource person, trainer/educator/informational expert and advocate. (Gianesen, 2007.p.180) The consultation can target school-wide issues or problems with individual students.

Often, before initiating a formal referral for assessment, teachers, parents, and administrators contact school social workers to discuss concerns about a student and decide what to do. The purpose of these initial consultative contacts is to clearly identify and articulate the following:

* the problem (when the problem happens, how long the problem has been occurring, how often the problem happens, how others respond to the problem etc.)
* the desired goal (what specifically will be happening when the problem is no longer a problem)
* specific criteria that can be used to determine when the goal is obtained
* the alternative courses of action to obtain the goal
* the intended and unintended consequences of each course of action
* the plan with action steps and a timeline to obtain the desired goal; and
* the method of assessing goal attainment.

For more information on consultation in school social work see the following resources:

Albers, C., & Kratochwill, T. (2006). *Teacher and principal consultations: Best practices.* In C. Franklin, M.B. Harris, and P/ Allen-Meares (Eds.) *The School Services Sourcebook: A Guide for School- Based Professionals* (pp971-976). NY: Oxford.

Dinkmeyer, D., & Simon B. (1991). *Consultation: Creating School-Based Interventions* (2nd. Ed.) Philadelphia: Brunner-Routledge.

Gianesin, J. (2007) *Consultation in School Social Work*. In L Bye & M. Alvarez (Eds.) *School Social Work: Theory To Practice* (pp.175-194). Belmont, CA. Thomson/Brooks/Cole.

**Classroom Observations**

School social workers often gather information regarding a student’s behavior and performance in the school setting by conducting observations. Observations may be conducted as part of a formal special education evaluation. In these cases, school social workers may conduct a systematic observation. To complete a systematic observation, the school social worker will identify a presenting problem or target behavior prior to conducting the systematic observation. During the systematic observation, the school social worker will collect data that will assist in identifying the frequency, duration, and intensity of a specific problem behavior. Data may include a count of how many times a particular behavior occurs during a certain time period, a comparison of a particular student’s behavior to a peer’s behavior, specific information regarding the duration of a target behavior or length of time between episodes of the behavior.

School social workers may conduct more informal observations to become familiar with a particular student’s school performance within a particular teacher’s classroom. By conducting informal observations, school social workers may be better able to assist classroom teachers in developing pre-referral interventions, make appropriate referrals to community services and gather valuable information about students with whom they work.

**Functional Behavior Assessment (FBA) & Positive Behavioral Interventions and Supports (PBIS)**

The completion of a functional behavior assessment (FBA) and the development of student-specific positive behavior interventions and supports (PBIS) are both critical for providing appropriate specialized services for students with disabilities that demonstrate challenging behaviors in the school setting. A school social worker is in the unique position to assist the educational support team in understanding the function of the student’s behaviors and guide the team in developing positive skill-building interventions for the child.

IDEA 1997 amendments mandate that functional behavioral assessments be conducted and intervention plans developed when disciplinary sanctions result in extended removal of students from educational settings. They also encourage the use of “positive behavioral interventions, strategies, and supports” when addressing the needs of students whose behavior impedes their learning or the learning of others (34CFR300.346(a)(2)(I)).

Even though a literal reading of the regulation could indicate that functional behavioral assessments are only required when students with disabilities are involved in disciplinary action, a rationale can be made that the1997 IDEA statutory language suggests that a FBA be implemented as needed throughout the special education decision-making process (Tilly et al., 1998). This position stems from a series of connections between related sections of the 1997 IDEA Amendments:

300.532(a)(2)(b) states*: “…the local education agency shall… use a variety of assessment tools to gather relevant functional and developmental information.”*

300.532(d) states*: “Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.”*

34CFR 300.346(a)(2)(I) of the statute states that… *“in the case of a child whose behavior impedes his or her learning or that of others, consider where appropriate, strategies, including positive behavioral interventions, strategies and supports to address the behavior.”*

In Indiana 511 IAC 7-32-41 defines functional behavioral assessment as:

“A process that uses data to identify patterns in the student's behavior and the purpose or function of the behavior for the student. A functional behavioral assessment may require

written parental consent if it is an educational evaluation as defined in section 30 of this rule. Written parental consent is not required when a functional behavioral assessment reviews existing data regarding a student, as specified in 511 IAC 7-40-3(b)(3).

*(Indiana State Board of Education; 511 IAC 7-32-41)*”.

Information regarding how to administer and evaluate a functional behavioral assessment may be found at the Center for Effective Collaboration and Practice website:

<http://cecp.air.org/fba/>

**Standardized Assessments**

*Standardized* and *criterion referenced* assessment tools are often used in schools by school social workers and other school personnel. Standardized academic achievement assessments are commonly administered by special education teachers to determine a student’s level of knowledge in reading, writing, and math. Standardized aptitude assessments are generally administered by the school psychologist to determine a student’s ability to learn. School social workers may administer standardized adaptive behavior, functional behavior, and social assessments.

*Standardized assessment* tools “are ready-made instruments with proven records” (Franklin & Corcoran, 2003, p. 86). They are referred to as “standardized” because the same questions and procedures for administering and scoring the instrument are used regardless of who is being assessed or who is doing the assessment (LeCroy & Okamoto, 2002).

Standardized assessments are evaluated according to *reliability* and *validity*. An assessment is considered *reliable* when over time it “consistently measures some phenomenon with accuracy” (Royce, 1999, p. 101). Assessments are considered *valid* when they actually measure what they claim to measure. For example, if an instrument claims to measure self esteem, it actually measures self esteem. There are many different types of validity including content validity (which means the instrument samples the entire range of what it was designed to measure), criterion validity (which means the instrument’s scales are similar to other instruments designed to measure the same construct), and construct validity (which means the instrument is “able to discriminate among groups of individuals along the lines you would expect”) (Royce, 1999, p.107).

Standardized assessment tools can be norm-referenced or criterion-referenced. Norm-referenced assessments use scores from a large sample to determine typical or average results for a given population.  Scores can be reported as a standard score, a grade equivalent, a national percentile rank, a normal curve equivalent, or a national stanine (Mertler, 2003). Criterion-referenced assessments use ratings of competency or mastery on specific skills. Social skills assessments often use the criterion-referenced method.

*Standardized assessments* are used to: screen for early intervention; rapidly assess conditions; diagnose different social, emotional, behavioral or learning problems; and assess the effectiveness of interventions (LeCroy & Okamoto, 2002). It is important to remember that standardized assessments have limitations. They may not have been normed on culturally diverse populations and they only assess one or two aspects of a student.  Assessment should always be customized based on the individual needs of the students.

Franklin, C., & Corcoran, K. (2003*). Quantitative methods of measuring client behavior.* In C. Jordan & C. Franklin (Eds.) *Clinical assessment for social workers, pp. 71-96*. Chicago, IL: Lyceum.

LeCroy, C., & Okamoto, S. (2002*). Guidelines for selecting and using assessment tools with children.* In A. Roberts & G. Greene (Eds.) *Social workers’ desk reference, pp.211-221*. New York, NY: Oxford.

Mertler, C. (2003). *Using standardized test data to guide instruction and intervention.* *ERIC Digest.* Retrieved April 17, 2007 from: [www.ericdigests.org/2003-4/standardized-test.html](http://www.ericdigests.org/2003-4/standardized-test.html)

Royce, D. (1999). *Research methods in social work*. Belmont, CA: Wadsworth Thompson Learning.

CHAPTER VI

SCHOOL SOCIAL WORK SERVICES

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Objective

Article 4

School Social Work Services in the Context of

Response to Intervention

* School Wide Services
* Targeted Interventions
* Intensive Interventions

**Chapter VI**

**School Social Work Services**

**Objective**: To outline the legal and practice frameworks of school social work practice in Indiana and identify those services provided by school social workers.

**Article 4**

School social work services are identified in the law in Indiana in 511 IAC 4-1.5-5, more commonly known as Article 4 – the Student Services Rule. This rule states that:

1. *School corporations shall provide student assistance services at the elementary and secondary school levels*

and defines those student assistance services as:

*(1) Prevention, which includes:*

*(A) assisting teachers and parents in delivering the health and social studies proficiencies of the school curricula;*

*(B) collaborating with community resources to develop summer and extended school programs to meet the social and recreational needs of students; and*

*(C) educating school staff and parents on the developmental needs and behavioral management of students.*

*(2) Assessment, which includes:*

*(A) educating school staff and parents to identify and refer students who are experiencing problems that interfere with student learning;*

*(B) obtaining and interpreting data on student needs; and*

*(C) implementing the school’s policies and procedures with regard to identifying and referring students with their families who are in need of special services.*

*(3) Intervention, which includes:*

*(A) providing brief individual and group counseling to students and families who need help with personal concerns or developmental problems; and*

*(B) providing consultation services to school staff and parents regarding strategies for helping students cope with personal and social concerns.*

*(4) Referral, which includes:*

*(A) implementing policies and procedures for referring students and families to student assistance services and to community agencies for intensive counseling or other specialized services not available from the school;*

*(B) disseminating a directory of community services and resources; and*

*(C) creating a system to monitor referrals to ensure that students and families receive services in a timely and appropriate manner.*

Article 4 also identifies who may provide these services:

*.*

*(b) Student assistance services shall be coordinated by a:*

*(1) certified school counselor;*

*(2) certified school psychologist; or*

*(3) certified school social worker (master’s level).*

This rule aligns well with Indiana’s Vision for Response to Intervention which describes a continuum of services based on the student’s response to the intervention.

**School Social Work Services and Response to Intervention**

School Social Work (SSW) services can be thought of in the framework of Response to Intervention (RTI). The RTI process includes “high quality instruction and behavioral supports, evidence-based interventions, and frequent assessment and monitoring of student performance and progress” (SSWAA Resolution, 2006).



SSWs may provide primary prevention strategies to all students in the general education classroom, such as defining behavioral expectations. They may also provide interventions to reduce barriers to learning by addressing lack of adequate social skills, lack of parent support and reducing cross-cultural barriers. More intensive interventions may include goal oriented case work, short-term mental health counseling or functional behavioral assessment (SSWAA Resolution 2006) The RTI triangle can be used to guide SSW services as it pertains to a specific school. Explanations of SSW services for each tier are included in this section.

**SCHOOL SOCIAL WORK SERVICES**

**Tier I: SCHOOL-WIDE SERVICES**

These school social work services are designed and implemented for the entire school population. School-wide programs support all students and their families. They are available to support the learning environment and enable all students to be successful in school. Prevention programs, addressing many barriers to learning, are included in school-wide services.

ATTENDANCE PROGRAMS

Students must be in school to be able to learn. School social workers are equipped to provide incentive programs to encourage students to attend school on a daily, weekly, quarterly, and yearly basis. There may be barriers within the family that prevent the student from attending school on a regular basis which the school social worker can address and assist the family in reducing those barriers. School social workers can assess the student and family needs in making a plan to improve school attendance.

The Indiana Code for Compulsory School Attendance Law (IC 20-33-2) states that children ages 7-18 must be enrolled in school. School social workers can review this code at [www.ai.org/legislative/ic/code/title20/ar33/ch2/html](http://www.ai.org/legislative/ic/code/title20/ar33/ch2/html). School corporations often appoint school social workers as attendance officers. In this capacity, school social workers enforce the attendance laws and work closely with the court systems in their county. In Indiana, there are three charges that may be brought against families who do not send their children to school on a regular basis: Failure to Ensure, Educational Neglect, and/or Truancy. More information on attendance programs can be obtained at [www.doe.state.in.us](http://www.doe.state.in.us), through the State Attendance Officer and the Attendance and Administrative Manual.

Keeping students in school through graduation is a major goal of public schools. School social workers are part of the team of administrators, teachers, families, and students who address the needs of students with attendance problems and in danger of dropping out. When students begin to have attendance problems, schools often implement multilevel strategies that meet students’ needs and prevent them from dropping out. More information on these strategies can be found at: The National Dropout Prevention Center ([www.dropoutprevention.org](http://www.dropoutprevention.org)) and School Dropout Prevention Program ([www.ed.gov/programs/dropout/index.html](http://www.ed.gov/programs/dropout/index.html)).

BULLYING PREVENTION

Bullying can affect school attendance as students who have been bullied may refuse to come to school. The emotional well being of students who are bullied is also affected and many times a student who is bullied cannot focus on their academics. School social workers intervene with the bully by providing social skills training. Support is also provided to those who are the victims of the bully. School social workers implement school-wide bully prevention programs in the school. Resources to help in the implementation of a school-wide program can be found at: [www.stopbullyingnow.org](http://www.stopbullyingnow.org).

CLASSROOM PRESENTATIONS

School social workers are trained to provide entire classroom lessons on conflict resolution, anger control, bullying, expression of feelings, diversity issues and other school issues. These programs build social-emotional skills in students which help the students increase academic achievement in the classroom. School social workers are instrumental in the school in providing programs to the entire student body which address barriers to learning. Classroom presentations are an effective method of providing the social emotional education students need to succeed.

CONFLICT RESOLUTION PROGRAMS

The Youth Violence Prevention Resource Center states that conflict resolution is about teaching people new ways to work through and resolve disputes that do not involve violence. School social workers teach students ways to resolve their conflicts with others in peaceful ways. They can provide these services in classroom presentations, individual group and/or small group settings.

School social workers can also provide peer mediation programs in their schools, training students to help others solve their conflicts in peaceful ways. Peer mediation is a form of intervention in which peers mediate with each other to resolve a conflict. The mediation is driven by the students involved in the conflict, but monitored by an adult. School social workers are natural leaders in training students in peer mediation. More information can be found at: The National Youth Violence Prevention Resource Center ([www.safeyouth.org](http://www.safeyouth.org)); Teachers First ([www.teachersfirst.com](http://www.teachersfirst.com)); and Teaching Tolerance ([www.teachingtolerance.org](http://www.teachingtolerance.org)).

IN-SERVICE TRAINING

School social workers provide in-service training to school staff on issues such as identifying child abuse and neglect, bully prevention, conflict resolution, mental health needs of the students, and other issues that are impeding the learning of the students. The school social worker brings to the school the expertise in many areas which can assist the school to break down the barriers to learning. School social workers many times coordinate these trainings with community service providers and with other school staff.

PARENT ADVOCACY

School social workers are natural advocates for parents who have challenges and they help bridge the gap between the home and school. School social workers can assist the parent in negotiating systems in the community to better meet their needs. School social workers can also provide parent education in the form of parent meetings or individual work with the family. Many times, school social workers attend case conferences with the parent to assist the parent in an understanding of the programs being offered to their child and/or family.

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS

School social workers are integral in promoting and maintaining a positive school climate by facilitating overall respect and trust amongst students and staff. By improving school climate, culture and conditions, students’ learning also improves. Schools implement the concept of a positive climate by using Positive Behavioral Interventions and Supports. When positive behavior support interventions are used within the school, changes in attitude and behavior of both staff and students are likely to occur.

School social workers are on the school team in planning the positive interventions used in the school building. A school wide positive incentive plan is part of the program, as well as teaching positive behaviors to the students. For additional information: Positive Behavioral Intervention and Supports ([www.pbis.org](http://www.pbis.org)).

SOCIAL/EMOTIONAL LEARNING (SEL)

Social and emotional education is school-based programming that focuses on positive youth development, health promotion, prevention of problem behaviors, and student engagement of learning. School social workers play a key role in the social and emotional development of students by attending to their basic needs, developing social skills and fostering a caring and nurturing environment. Successful programs include school social workers assisting the teachers in the development of skill training in the classroom, as well as providing small group or individual promotion of social emotional skills. Students acquire the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively.

Prevention programs in the school, often coordinated by the school social worker, provide support for SEL. Examples include programs which prevent: substance abuse ([www.samhsa.gov](http://www.samhsa.gov)), child sexual abuse, and violence ([www.preventioninstitute.org](http://www.preventioninstitute.org)).

**Tier II: TARGETED INTERVENTIONS**

Targeted interventions are those services that are provided for individual and/or small groups of students who have been identified as in need of supplemental support. When informal and/or formal assessments are initiated, objective data is collected to identify these students and inform the nature of the intervention(s). Targeted interventions may include:

CRISIS INTERVENTION

A crisis is a sudden, traumatizing life event which overwhelms the student’s usual coping mechanisms. When the student is in crisis, the school social worker generally limits the work with the student to immediate and pressing concerns. Life events which can cause a crisis are such things as family violence, community violence, bereavement, homelessness, or natural disasters. The first goal in helping the student through a crisis is to ensure that the student is safe from harm. Then the school social worker helps the student to become as objective as possible in looking at the situation and helps him or her to find ways to resolve the crisis. It may also be necessary to involve family members. Crisis intervention is strengths-oriented and the school social worker identifies typical coping strategies that the student can draw on to help resolve the crisis.

GROUP COUNSELING

Group work is frequently utilized by school social workers as an effective way to build rapport with students, provide social skills instruction, provide social problem solving instruction, and offer support for students. Students benefit from being in a group of peers where they can practice new skills and form relationships in a healthy way. Groups may focus on various problems such as grief and loss, peer relationships, trauma, mental health issues, ADHD management, anger management, divorced parents, or absent parents. Referrals for group counseling may come from a team assessment, through school personnel, from parents, or student self-report. Group work should focus on the identified need of the group, with goals and objectives guiding the evidence-based interventions. Groups are effective in allowing students to benefit from the support of their peers. Facilitating social skills or therapeutic groups is an efficient way for the school social worker to work with students in need. When needed, the school social worker consults with teachers and families about the progress of the students in the group.

INDIVIDUAL COUNSELING

School social workers provide individual counseling when a student is facing challenges in his or her life which are impeding learning. Referrals may come through a team assessment or through referral from school personnel. After the social worker assesses the student’s needs, goals and objectives are formulated to guide the interventions used in the counseling. School social workers use evidence-based practices to help resolve student problems. Identified needs for individual counseling could be home-centered or school-centered. Individual work with students in the school setting includes support and consultation provided to the teacher and the family.

CASE MANAGEMENT

Providing social work case management in schools is to guarantee that students and their families receive services that break down any barrier to learning for the student. School social workers provide links to community services for the family and student as well as links to services within the school community. School social workers serve on teams within the school building which assess students’ educational needs. Many times the school social worker serves as the facilitator of these teams, gathering the data and information needed to assess the needs of the student in school and in the family. School social workers refer families and students to services in the community to meet these needs. School social workers also provide a link with school-based mental health services, assuring that the students’ therapeutic needs are met.

COMMUNITY REFERRALS

School social workers coordinate services with community agencies in the areas of child welfare, juvenile justice, mental health services, medical services, and those services meeting the basic needs of the students. Referrals are made to community agencies providing food, shelter and clothing to the students and their families. The school social workers is usually the staff person in the school who makes referrals, when necessary, to Child Protective Services. The school social worker collaborates with the community agencies in the school community to address the barriers to learning of the students.

SERVICES TO HOMELESS FAMILIES

School social workers are important advocates for students who are homeless, as they have working relationships with community agencies and have experience serving as a liaison between students, parents, school personnel, and community resources. The U.S. Congress recognized the physical, emotional, social and academic challenges faced by homeless youth with the reauthorization of the McKinney-Vento Act in 2001. Under the McKinney-Vento Act, homeless youth have the right to be: immediately enrolled in school; included in the general school population; allowed to stay in their current school for the remainder of the school year; transported to and from school; and provided meals through school meal programs. School social workers act as a liaison with the shelters; welcome students to school; provide clothing and school supplies; arrange transportation; arrange for tutoring; provide emotional support and counseling; and offer staff training on being sensitive to the needs of homelessness youth. More information may be found at: [www.endhomelessness.org](http://www.endhomelessness.org)

SERVICES TO IMMIGRANT FAMILIES

Immigrant families have settled in all areas of Indiana throughout our history. School social workers are many times the first person in the school that they meet as they are welcomed to the school community. School social workers work closely with English as a Limited Language staff to help students assimilate into the school. They help with language barriers, cultural adjustment, and a sense of loss and isolation that families might feel in the community. School social workers can provide sensitivity training to school staff on cultural and religious differences. More information may be found at: Involving Immigrant and Refuge Families in their Schools ([www.isbe.net/bilingual](http://www.isbe.net/bilingual))

SUICIDE PREVENTION

School social workers are often asked to screen students for depression and risk of suicide. Risk factors include verbal or written suicide threats, lack of interest in the future, personality changes, sleep disturbances, and expressions of hopelessness. In assessing the risk, the school social worker should ask the student directly if he or she is considering suicide, determine if the student has a plan to carry out the suicide, assess the degree to which the student has set the plan in motion and consider the lethality of the plan. The school social worker should contact the student’s parent or guardian to assist the family in obtaining an emergency psychiatric evaluation. Follow-up by the school social worker should be made to be certain that the danger of self-harm has passed. More information can be found at: Suicide Awareness Voices of Education ([www.save.org](http://www.save.org)).

**Tier III: INTENSIVE INTERVENTIONS**

Intensive interventions and supports are school and community services for students who do not respond to Targeted Interventions. The multi-disciplinary, problem-solving team typically identifies the need for additional support for a student. This support may indicate the need for a special education evaluation. The progress of all interventions should be monitored frequently. The supports included at this level of intervention, include special education programs, Systems of Care, and other wraparound services. The school social worker can also provide services in this category to address the needs of these students. Individual and group counseling, as previously discussed, are services the school social worker can provide to students with intensive needs. Intensive services may include:

BEHAVIOR INTERVENTION PLANS

School social workers are often involved in the developing of functional behavior assessments (FBA)s and the writing of behavior intervention plans(BIP)s. Behavior intervention plans can be used whenever a student’s behavior causes difficulties in the school setting. The plans are developed by a multi-disciplinary team, of which the school social worker is a member, after a functional behavior assessment is completed. The assessment determines the antecedents, specific descriptions of problem behaviors, consequences or rewards of the behaviors, and the possible functions the behaviors serve for the student. The BIP has clearly developed goals and objectives that are described in measurable terms and describe desirable behaviors that might substitute for the undesirable behaviors targeted for change. The BIP should list strategies to increase positive behavior and decrease negative behavior. Data collection regarding the behavior in question and communication with parents can be a joint effort of the teacher and the school social worker. For more information: FAPE “An IEP Team’s Introduction to Functional Behavioral Assessment and Behavior Intervention Plans” ([www.fape.org](http://www.fape.org)).

BEHAVIOR MODIFICATION

Strategies contained in a Behavior Intervention Plan are usually behavior modification techniques. Many times the school social worker works closely with the teacher in implementing these strategies. The goal of behavior modification is to help students decrease problematic behaviors and replace them with pro-social, adaptive behaviors.

Techniques used might be verbal rewards, behavior charts, token economies, removing reinforcing consequences through time outs, extinguishing inappropriate behavior by ignoring behaviors, and shaping behaviors that approximate the desired behaviors. Behavior modification has been shown to be effective in treating many school-based problems.

COGNITIVE BEHAVIORAL INTERVENTIONS

Cognitive behavioral interventions teach students strategies for managing thoughts and feelings that interfere with functioning. These interventions are based on the premise that thinking, behavior, and emotions are linked; changes in one will lead to attending changes in the others. School social workers have the skills to provide cognitive behavioral interventions in addressing student needs. A careful assessment of the student’s needs and identification of goals is the first step. Typically, students are taught skills through direct instruction, modeling and role play during individual or group counseling sessions. Students are then given homework assignments to practice these newly learned skills in the classroom and at home. Student progress should be monitored to assure that the intervention program is successful. More information: Skillstreaming ([www.workbookpublishing.com](http://www.workbookpublishing.com)); Second Step ([www.cfchildren.org](http://www.cfchildren.org)).

REFFERAL

Article IV (the Indiana Student Services Rule) identifies referral as one of the four services provided by school social workers. School social workers are familiar with the community resources available to students and families, and it is appropriate that when there is unidentified need that is unable to be met by the school, the school may share information with the family regarding the resources in the community that may be able to provide those services. When there are school-based services within the school, such as school-based mental health services, and the school social worker has identified a possible need, it is appropriate to alert the family to this service and provide the contact information.

FAMILY SUPPORT PROGRAMS

School social workers use their unique skills and systems knowledge to support a variety of activities that overcome the barriers to educational success of students. Family support programs are a method used by school social workers and school staff that have the capacity to increase the school success of students. Support groups of parents with students with disabilities or with mental health issues are very beneficial in the school. Many times these families feel isolated in the school and the school social worker is instrumental in linking these families to the school and the community through the use of support groups.

MULTI-DISCIPLINARY TEAMS

The school social worker meets with professionals in the school to assess students’ needs and the services available to the student. These teams may meet as part of the RTI process, for special education testing, or to assess for mental health services, in or out of the school. School social workers can utilize a number of screening tools to better assess the needs of students. School social workers are educated in recognizing the early warning signs of mental illness, emotional behavior disorders and other school-related problems. Completing a social developmental history is also a good tool to use to get more information about the family. School social workers consult with professionals in the school and in the community to provide services to address the needs of the students. School social workers work closely with, and should consult on an ongoing basis with, any school-based mental health services in the school.

More information: Screening and early detection of mental health problems in children and adolescents ([www.SAMHSA.gov](http://www.SAMHSA.gov)).

**ASSESSING OUTCOMES OF SCHOOL SOCIAL WORK PRACTICE**

The National Association of Social Work Code of Ethics (1999) requires that all social workers “monitor and evaluate policies, the implementation of programs, and practice interventions,” and “critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.” To ensure best practice, social workers need to objectively assess if their interventions are helping, harming or having no impact, therefore “evaluating outcomes is essential for problem solving” (Gambrill, 1997, p. 476).

**Why measure outcomes?**

Measuring school social work outcomes involves identifying clear and measurable goals and finding tools and methods to track and measure progress toward those goals.

It is important for school social workers to measure outcomes for several reasons:

* Ethical practice requires that we “use the most effective and efficient means of helping students overcome academic and socio-emotional barriers to participation in school” (Johnson-Reid, 2007, p. 226). How will you know and how can you show that your intervention was effective if you do not have a reliable (accurate over time) and valid (measures what it was intended to measure) way to measure change?
* Educational funding requires performance data that demonstrates that the money is being well spent. For example, the No Child Left Behind law resulted in schools being denied funding because of poor academic performance. School social workers must be able to clearly document how their services help students to be more successful in school.
* Accountability requires that we “justify the expenditure of public tax dollars on school social work services” especially when school programs are being cut due to financial retrenchment (Dupper, 2007, p.213).

It is helpful to summarize the outcome data on the number and effectiveness of interventions so that this information can be shared with administrators and school boards.

**How do I measure outcomes?**

**An outcome is the change that is desired.** The first step is to work with the student, the family, the teachers and any community partners to specifically identify the desired change. The following list provides a few examples of school social work outcomes:

• Improved attendance

• Increased parent involvement in student’s education

• Decreased acts of physical or verbal aggression

• Increased rate of completing school work on time

• Increased positive interactions with peers

• Increased positive interactions with faculty and staff

• Decrease in use of alcohol or drugs

• Decrease in weapons violations

• Increase the quality of school work

**Measurement**. Before you implement your intervention, it is necessary to get a baseline measurement so it is possible to determine and demonstrate if a change occurs. The baseline measure is a specific measure of what is happening before you started using an intervention. For example, a baseline measure on attendance could be the number of days a student missed school on average over the past week, month or year. Table 1 in this chapter gives suggestions for ways to obtain possible baseline measures for each of the outcomes listed above. Often, it is best to measure specific observable behaviors. However, you can also measure changes in attitude or feelings by asking students, teachers and parents to rate them on a scale of one to ten with one being the negative end of the scale and ten being the positive end of the scale. For example, you could ask teachers to rate the level of positive interactions a student has with peers (Nelson, 1996). There are also standardized assessments such as the Child Behavior Checklist, (Achenbach & Edelbrock, 1981), available at [www.aseba.org/products/cbcl618.html](http://www.aseba.org/products/cbcl618.html)), that can be used to assess behavior change over the course of the year.

After you implement your intervention, you can periodically assess the progress of the outcome. For example, if a student is working on completing school work on time, you could meet with the student at the end of each day or each week and chart the number of assignments that were completed on time. This, of course, means you would need to arrange a simple way for the teachers to let you know how many assignments the student completed on time, such as a daily or weekly log that the student has signed by the teachers.

Seeing progress or lack of progress on a chart can be a powerful motivation for some students. Some school districts have a contact log that school social workers can use to record outcome data. An example of a contact log may look like the following:

STUDENT SERVICES DIVISION

PARENT(S)/GUARDIAN(S) CONTACT SHEET

Year(s)

Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home \_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of contact telephone \_\_ letter \_\_ conference \_\_ home visit \_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitor and adjust**. If, after a certain period of time, (determine # of weeks), an intervention does not show any positive change in behavior, then the intervention needs to be modified.

**Outcomes and Measurement Indicators**

**TABLE 1**

**Improved attendance**

* Average number of days absent in previous month or year
* Percentage of time the student arrives on time for class
* Percentage of classes the student attended in previous month

**Increased parent involvement in student’s education**

* Number of times the parent attends school meetings
* Number of home visits
* Number of times parent works with student on homework for 10 minutes
* Number of times parent talks with school personnel
* Number of times parent initiates contact with school personnel
* Number of times parent volunteers at school
* Number of school activities parent attends

**Decreased acts of physical or verbal aggression**

* Number of times student is reported for acts of aggression
* Number of times student is sent to the office or support staff for aggression
* Number of times student is suspended for aggression
* Number of times the police are called because of student’s aggression
* The self-reported number of times student was upset but did not resort to acts of aggression

**Increased rate of completing school work on time**

* The percentage of time the student completes his or her reading (math, social studies, etc) assignments on time

**Increased positive interactions with peers**

* The number of times the student initiates friendly interactions with peers during recess or lunch
* The number of times or the percentage of classes when the student works cooperatively with other during the school day
* The number of times the teacher observes the student doing something helpful or kind
* The number of extra curricular activities the student successfully remains in without problems interacting with others

**Increased positive interactions with faculty and staff**

* The number of times the student stays after school to help the teacher
* The number of times the student greets the faculty or staff in a positive and appropriate manner
* The number of classes that the student interacts with the faculty and staff in a positive and appropriate manner
* The number of days a student has without being reported for disrespectful behavior toward school personnel
* The student’s self-rating on a scale regarding how well he or she is relating to school personnel

**With whom do I share outcomes?**

• **Principals.** The school administrator is the most important person with whom to share your outcome data. Many schools have site-based management teams that help make decisions about funding and the principal can make sure that your outcome data is shared at those meetings.

• **Lead social workers**. If you have a lead school social worker in your district or cooperative it is important to share your outcome data with him or her because that person is generally in the position of dealing with the administration and broader public.

• **School Board**. Work with your building principal to get on the school board agenda to share your outcome data. School board members often are not aware of what school social workers do or how they contribute to the overall mission of the school district.

• **Professional conferences**. The Social Work Code of Ethics requires that social workers share knowledge with each other and an excellent way to do this is through social work conferences. The Indiana School Social Work Association, the Midwest Council of School Social Work and the School Social Work Association of America hold conferences every year. Information on school social work conferences can be found at: [www.insswa.org](http://www.insswa.org).

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CHAPTER VII

POLICIES IMPACTING SCHOOL

SOCIAL WORK SERVICES FOR STUDENTS WITH DISABILITIES

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Objective

Individuals with Disabilities Education Act (IDEA) 2004

* Definition
* Eligibility
* Due Process Procedures
* Special Education Identification
* Special Education in Indiana
* Response to Intervention
* Comprehensive and Coordinated Early Intervening Services
* Educational Evaluations in General
* Functional Behavior Assessment
* Functional Performance
* Referral
* Evaluation or Reevaluation
* Eligibility
* Individualized Education Program (IEP)
* Individualized Family Service Plan
* Adaptations and Accommodations
* Related Services
* Supplemental Aids and Services
* IDEA definition of Social Work Services in School
* Discipline
* Cultural and Linguistic Diversity
* Statewide Assessment for Students with Disabilities
* Transition

Section 504 of the Rehabilitation Act

**Chapter VII: Special Education Policy and Procedures for Social Work Services in Schools**

**Objective:** To describe the special education mandates that guide the provision of social work services to children and youth with disabilities.

**Introduction:**

To appropriately provide special education services in the educational setting it is critical to understand federal and state laws and regulations that guide the provision of social work services for children and youth with disabilities. It is important that social work services in schools meet the established federal and state regulations as well as meeting the professional standards of practice.

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

The Individuals with Disabilities Education Act (IDEA) [34 CFR Parts 300, 301, and 304] is the nation’s special education law. First enacted 1975, IDEA ensures that all children with disabilities have available to them a free appropriate public education (FAPE) in the least restrictive environment (LRE) that emphasizes special education and related services designed to meet their unique needs. IDEA requires states to provide an education for children with disabilities if they provide an education for children without disabilities. The statute also contains detailed due process provisions to ensure the provision of FAPE. This law was updated in 2004 and is known as The Individuals with Disabilities Education Improvement Act (IDEIA)

**What is special education?**

Special education is instruction that is specially designed to meet the unique needs of children who have disabilities at no cost to parents. Special education can include special instruction in the classroom, at home, in hospitals or institutions, or in other settings. Specially designed instruction is to meet the child's unique needs (that result from having a disability); and to help the child learn the information and skills that other children are learning.

Statute requires that there be a link between the needs of the child and the services provided and that there be an education-related outcome. School personnel must identify the linkage between the planned instruction or intervention and the expected educational outcome. Evidence of direct or indirect benefit must be provided.

**Who is eligible for special education?**

According to the IDEA, the disability must affect the child's educational performance. Eligibility is determined by whether the child has a disability that fits into one of the disability categories and whether that disability affects how the child performs in school. That is, the disability must cause the child to need special education and/or related services in order to meet required educational standards.

**Due Process Procedures**

### The role of the school social worker can be an essential component in the special education due process from identification to transition planning. IDEA describes due process as the safeguards and rights designed to assure that children’s educational interests are protected and parents are afforded rights.

### The following information is taken from the Total Special Education Systems Manual (TSES) 2006 Edition. The TSES Manual is designed to assist districts and local education agencies in achieving compliance with special education mandates and funding requirements.

The 2006 TSES Manual includes (1) descriptions of policies that local education agencies are required to develop; (2) suggested – but not exhaustive – supplemental items that may be used to demonstrate compliance; and (3) relevant laws and regulations.  It does not include generic policies; local education agencies must develop their own policies and procedures.

**Identification of Students in Need of Special Education Services (Child Find)**

Identificationmeans the continuous and systematic effort by the district to identify, locate and screen students, birth through age 21, in need of special education services. Identification encompasses the district’s public awareness efforts within the community; efforts to identify children in private schools; comprehensive efforts that include programs to identify homeless and migratory children; and children who may need special education even though they are advancing from grade to grade. (In Indiana **511 IAC 7-40-1)**

**Special Education Legislation in Indiana**

Enacted in 2008, the special education legislation in Indiana - more commonly known as Article 7 - may be found at 511 IAC 7-32 through 7-47 ([www.doe.in.gov/exceptional](http://www.doe.in.gov/exceptional)).

**Response to Intervention (RTI)**

“RTI is a framework for prevention, advancement and early intervention, which involves determining whether all students are learning, and progressing optimally academically, socially, emotionally, and behaviorally when provided with high quality instruction that addresses all aspects of students.” Indiana RTI Leadership Team

The goals of the RTI process are to:

* Provide appropriate, research-based instruction
* improve the achievement level of students who are not making sufficient progress in the general education curriculum by providing quality assessments and research-based interventions to address academic, and social/emotional/behavioral and mental health barriers to learning
* include a progress monitoring system
* monitor the fidelity of implementation of the program

This process may begin with comprehensive and coordinated early intervening services.

**Comprehensive and Coordinated Early Intervening Services: 511 IAC 7-32-29**

Early intervening services are **“***services provided to students in kindergarten**through grade twelve (12), with a particular emphasis on students in kindergarten through**grade three (3), who are not currently eligible for special education or related services, but who need additional academic and behavioral support to succeed in a general education**environment*.”

In implementing comprehensive and coordinated early intervening services under this section, a public agency may carry out activities that include, but are not limited to, the following:

(1) Professional development (which may be provided by entities other than public agencies) for teachers and other school staff to enable such personnel to deliver scientifically based academic and behavioral interventions, including scientifically based literacy instruction, and, where appropriate, instruction on the use of adaptive and instructional software.

(2) Providing educational and behavioral evaluations, services and supports, including scientifically based literacy instruction.

* The parent of a student who participates in a process that assesses the student’s response to scientific, research-based interventions must be provided with written notification when a student requires an intervention that is not provided to all students in the general education classroom. The written notification must contain the following information:

(a) The amount and nature of student performance data that will be collected and the general education services that will be provided.

(b) The evidenced-based strategies that will be utilized for increasing the student’s rate of learning to grade level.

(3) The parent’s right to request an educational evaluation to determine eligibility for special education and related services.

(4) An explanation that:

(A) the public agency will initiate a request for an educational evaluation if the student fails to make adequate progress after an appropriate period of time, as determined by the parent and the public agency, when provided with scientific, research-based interventions; and

(B) when the public agency initiates a request for an educational evaluation under clause (A), the public agency will provide written notice to the parent regarding the evaluation before requesting written parental consent for the evaluation as specified in 511 IAC 7-40-4. After obtaining written parental consent, the public agency must evaluate the student and convene the case conference committee within twenty (20) instructional days.

School social workers are subject to the requirements of this rule when participating in the assessment and early intervention process for a student who is not meeting expected standards.

**Educational Evaluations in General 511 IAC 7-40-3**

The public agency must establish, maintain, and implement procedures to ensure that:

1. the assessments and other evaluation materials:

( A) are provided and administered in the student’s native language or other mode of communication, and in the form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to do so;

(B) are selected and administered so as not to be discriminatory on a racial or cultural basis;

(C) are used for the purposes for which the assessments or measures are valid and reliable;

(D) are administered by trained and knowledgeable personnel;

(E) are administered in accordance with any instructions provided by the producer of the assessments; and

(F) are technically sound instruments that may assess the relative contributions of cognitive and behavioral factors, in addition to physical or developmental factors.

(2) the assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those designed to provide a single general intelligence quotient;

(3) the assessments are selected and administered so as best to ensure that if an assessment is administered to a student with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the student’s aptitude or achievement level, or whatever other factors the test purports to measure, rather than reflecting the student’s impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure;

(4) the student is assessed or information is collected in all areas related to the suspected disability, including, if appropriate:

(A) development;

(B) cognition;

(C) academic achievement;

(D) functional performance or adaptive behavior;

(E) communication skills;

(F) motor and sensory abilities, including vision or hearing;

(G) available educationally relevant medical or mental health information; and

(H) social and developmental history.

(5) assessments of students with disabilities who transfer from one public agency to another public agency in the same school year are coordinated with those students’ prior and subsequent schools, as necessary and as expeditiously as possible, consistent with 511 IAC 7-40-5(c)(2), to ensure prompt completion of full evaluations.

(6) assessment tools and strategies provide relevant information that directly assists the case conference committee in determining the special educational and related service needs of the student.

**Functional Behavioral Assessment (FBA) 511 IAC 7-32-41**

“Functional Behavioral Assessment” is a process that uses data to identify patterns in the student's behavior and the purpose or function of the behavior for the student. A functional behavioral assessment may require written parent consent if it is an educational evaluation as defined in 511 IAC 7-32-30. Written parental consent is not required when a functional behavioral assessment reviews existing data regarding a student, as specified in 511 IAC 7-40-3(b)(3).

**Functional Performance 511 IAC 7-32-42**

“Functional performance” is a measure of skills, behaviors, and knowledge necessary to achieve self sufficiency in areas that support those defined by academic achievement. This may include:

(1) Physical skills, such as sensory responses, fine and gross motor skills;

(2) Personal care skills, such as eating, dressing, and maintaining hygiene;

(3) Social emotional adjustment, such as interpersonal skills, intrapersonal regulation, and habits of learning;

(4) Independent living skills, such as maintaining a household, managing health needs, using tools, shopping, budgeting, practicing safety, accessing transportation, recreation, accessing community resources, and employment.

**Referral 511 IAC 7-40**

Referralis a formal, ongoing process for receiving and responding to requests when a student shows signs of potentially needing special education and related services. The referral process includes a review of screening and other information on referred students, and the team decision about whether to conduct a formal special education evaluation.

**Evaluation or Reevaluation 511 IAC 7-40-5**

Evaluation or Reevaluationis the process of utilizing formal and informal procedures to determine specific areas of a child’s or student’s strengths, needs, and eligibility for special education services. Each district must conduct a full and individual evaluation of a child or student, for the purposes of special education, which meets all state and federal requirements. Such an evaluation includes, but is not limited to: providing the parent(s) with prior written notice of each proposed evaluation; ensuring tests or evaluation tools are administered by trained and knowledgeable personnel; assessing the child or student in all areas related to the suspected disability; presenting all evaluation results to the parent(s) in writing within state and federal timelines; determining whether the child or student meets state eligibility criteria; and, in evaluating each child with a disability, ensuring the evaluation is sufficiently comprehensive to identify all of the child’s or student’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

**Eligibility 511 IAC 7-41**

Children with disabilities are eligible for special education and related services. According to IDEA, a "*child with a disability”* is a child that has been evaluated and meets criteria in one of the following disability categories:

* autism spectrum disorder
* deaf–blind
* emotional or behavioral disorder
* deaf and hard of hearing
* developmental cognitive disability
* other health disabilities
* physical impaired
* severely multiply impaired
* specific learning disability
* speech or language impaired
* visually impaired
* traumatic brain injury
* developmental delay (Birth to age 7)

If further information regarding these disability criteria it may be found at these references:

**34 C.F.R. § 300.8(a)(1)(i)** and; **511 IAC 7-41** for state criteria for each disability area and; **34 C.F.R. §§ 300.304-300.324** for federal procedures for evaluation and reevaluation.

**Individualized Education Program (IEP) 511 IAC 7-32-48**

“Individualized Education Program” (IEP) means a written document, developed, reviewed and revised by the case conference committee in accordance with 511 IAC 7-42, that describes how a student will access the general education curriculum, if appropriate, and the special education and related services needed to participate in the educational environment. The required components of an individualized education program are contained in 511 IAC 7-42-6.

**IEP Goals and Objectives:**

The individualized special education program plan (IEP) for each child with a disability must include a statement:

(A) of measurable annual goals, including academic and functional goals designed to:

(i) meet the student’s needs that result from the student’s disability to enable the student to be involved in and make progress in the general education curriculum (or for early childhood education students, as appropriate, to participate in appropriate activities); and

(ii) meet each of the student’s other educational needs that result from the student’s disability.

(B) for students who participate in alternate assessments aligned to alternative academic achievement standards, a description of benchmarks or short term objectives.D/22/07

**Transition IEP**

A Transition IEP is an individualized education program that is developed in accordance with 511 IAC 7-43-4 and is in effect when the student enters into grade nine (9) or turns fourteen (14) years of age, whichever occurs first, or earlier if determined appropriate by the case conference committee.

**Individualized Family Service Plan 511 IAC 7-32-49**

An “Individualized Family Service Plan” (IFSP) means the written plan for providing First Steps early intervention services to an eligible child and family, from the child’s birth up to age three (3), under Part C of the Individuals with Disabilities Education Act. The IFSP is a process and document that lists a family’s priorities, concerns and resources in regard to their infant or toddler with a disability. D/22/07 5:7 \_1217/07 12:44 IDOE\_ 7/9/07 3:57brahm\_ 7/9/07 3:57 PM

**Adaptations and Accommodations 511 IAC 7-42-6**

The IEP must also include a statement of the special education, related services and the supplementary aids and services. This must be based on peer-reviewed research, to the extent that it is practical to be provided to the child or on behalf of the child. It must include a statement of the program modification or supports for school personnel that will be provided to enable the child to advance appropriately toward attaining the annual goals. The statement will identify how the child will be involved and make progress in the general curriculum, participate in extracurricular and other nonacademic activities, and be educated and participate with other children with disabilities and non-disabled children.

**34 C.F.R. § 300.320(4)**

The term *supplementary aids and services* means aids, services, and other supports that are provided in general education classes or other education-related settings to enable children with disabilities to be educated with non-disabled children to the maximum extent appropriate in accordance with LRE and placement regulations.

**34 C.F.R. § 300.42**

“*Specially designed instruction*” **511 IAC 7-32-88** means adapting, as appropriate to the needs of a student who is eligible for special education and related services, the content, methodology, or delivery of instruction:

(1) to address the unique needs of the student that result from the student’s disability; and

(2) to ensure the student’s access to the general curriculum so that the student can meet the educational standards within the jurisdiction of the public agency that apply to all students.

**Related Services: 511 IAC 7-32-79**

(a) “Related services” mean transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. Examples of related services are described in 511 IAC 7-43-1.

(b) Related services do not include a medical device that is surgically implanted, the optimization of that device’s functioning (such as mapping of a cochlear implant), maintenance of that device, or the replacement of that device.

(c) The following list of related services is not exhaustive. Related services may include other developmental, corrective, or supportive services if such services are required for a student to benefit from special education:

(1) Audiological services

(2) Counseling services

(3) Early identification and assessment of disabilities in children

(4) Interpreting services

(5) Medical services for the purpose of diagnosis and evaluation

(6) Occupational therapy

(7) Orientation and mobility services

(8) Parent counseling and training

(9) Physical therapy

(10) Psychological services

(11) Recreation, including therapeutic recreation

(12) Rehabilitation counseling

(13) School health services

(14) School nurse services

(15) **School social work services**

(16) Transportation

(17) Other supportive services

**How Does IDEA Define Social Work Services in Schools?**

Issues or problems at home or in the community can adversely affect a student's performance at school, as can a student's attitude or behavior in school. Social work services in schools may become necessary in order to help a student benefit from his or her educational program.

**Social work services in schools** include:

(i) Preparing a social or developmental history on a child with a disability;

(ii) Group and individual counseling with the child and family;

(iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;

(iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and

(v) Assisting in developing positive behavioral intervention strategies.

**34 CFR § 300.34(c) 14**

Requirements for counseling services are as follows:

(1) May include:

(A) sharing career information, administering interest inventories or other career assessment instruments, and providing assistance in career planning;

(B) guiding the identification of and planning for a student’s course of study designed to help the student achieve the post-school goals and outcomes;

(C) assisting the student to understand and cope with a disability;

(D) assisting the student to cope with a personal problem or crisis; and

(E) assisting the student to develop and implement a behavioral intervention plan.

(2) May be provided:

(A) in the instructional setting or another setting; and

(B) on a regular schedule or an as-needed basis.

(3) May be provided by:

(A) school social workers or school counselors;

(B) school, clinical, or child psychologists;

(C) administrators or teachers;

(D) related services personnel;

(E) vocational rehabilitation counselors; or

(F) other qualified professionals.

**511 IAC 7-43-1**

**Discipline**

Discipline procedures and safeguards for students with disabilities are identified in Rule 44 of Article 7.

**Cultural and Linguistic Diversity**

To access resource materials to assist parents and special educators in working with students who are culturally, linguistically and/or racially diverse and who may be in need of special education services, contact the IDOE Division of Exceptional Learners and/or the Division for Language Minority and Migrant Programs.

**Statewide Assessment for Students with Disabilities**

To comply with the federal requirements of the Individuals with Disabilities Education Act '04 and the No Child Left Behind Act, all Indiana students, including students with disabilities, must participate in the ISTEP statewide assessment or an alternative assessment, such as ISTAR, as determined by the student’s IEP.

**Transition**

Information regarding transition procedures and safeguards for students with disabilities can be found in Article 7; IAC 7-43-2, IAC 7-43-3, IAC 7-43-4

**SECTION 504 OF THE REHABILITATION ACT**

“Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education (ED). Section 504 provides: "No otherwise qualified individual with a disability in the United States… shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance….”

The Section 504 regulation requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual needs.

For information on Section 504 of the Rehabilitation Act:

[www.doe.state.in.us/exceptional/speced/laws.html](http://www.doe.state.in.us/exceptional/speced/laws.html) &

[www.ed.gov/about/offices/list/ocr/504faq.html](http://www.ed.gov/about/offices/list/ocr/504faq.html)

**References**

*Questions Often Asked by Parents About Special Education Services Briefing Paper,* September, 1999, National Dissemination Center for Children with Disabilities Washington, DC retrieved from the Web: [www.nichcy.org](http://www.nichcy.org) on July 17, 2006.

Indiana Department of Education: Exceptional Learners ([www.doe.in.gov/exceptional](http://www.doe.in.gov/exceptional))

CHAPTER VIII

SCHOOL SOCIAL WORK AND

CHILDREN’S MENTAL HEALTH

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Introduction

School-based Mental Health Supports and Services

Children’s Mental Health Collaboration and Intervention

**Chapter VIII: School Social Work and Children’s Mental Health**

**Objective.**

This chapter will identify the services and resources provided by school social workers to Indiana’s students.

Both special education and general education students may present with mental health problems ranging from difficulty adjusting to a new school or a family change, to bullying behaviors, to more serious psychiatric and developmental disorders. Addressing students’ mental health needs plays a critical role in improving their academic performance. School social work services such as individual or group counseling, referrals and developing behavior intervention plans are aimed at addressing mental health needs of students. School social workers may conduct mental health screenings as a required component of Social/Emotional/Behavioral evaluations for special education. All students who meet eligibility criteria for Emotional/Behavioral Disorder must have a mental health screening as part of their evaluation.

School social workers, as licensed mental health professionals and practitioners employed by school districts, provide a valuable service to both students/families. School social workers also provide a service to school staff members (teachers, administrators, paraprofessionals) that may have little training and experience in the area of children’s mental health. School social workers provide information about mental illness to school staff in many informal ways. By acting as “translators” with teachers and administrators, social workers are able to help them understand a student’s behavior as it relates to their mental health disorder. School social workers also work cooperatively with teachers and other staff to develop interventions for those students at school to help accommodate for their disability.

School social workers should familiarize themselves with resources available in the community for students and families who may need mental health services outside of school. Given their training and standards, school social workers are uniquely positioned within the school community to provide coordination of services to students and their families. They are an integral part of the school team, and understand school, family, and social systems. School social workers focus on both internal and external factors that influence learning. They are skilled in bringing diverse individuals or groups together, fostering an environment that is safe and respectful.

**SCHOOL-BASED MENTAL HEALTH SUPPORTS AND SERVICES**

Schools have a long history of providing mental health supports and services to children. The term “school-based mental health supports and services” is understood to mean any mental health supports and services delivered in a school setting.

Mental health and other health-related problems left untreated can have a negative affect on learning and school performance. There are various programs and initiatives in the education setting that have been developed for purposes of prevention, promotion of positive social and emotional development in children, early intervention, crisis intervention, and referral for mental health diagnosis and treatment. Student support service programming in schools addresses a range of concerns (e.g., school adjustment, attendance problems, dropout prevention, abuse, relationship difficulties, emotional upsets, delinquency and violence). National estimates indicate that 70-80 percent of children and youth with diagnosed mental health disorders receive mental health services from the school, and for many, the school system is their sole source of care. (Rones & Hoagwood, 2000; Burns, Costello, Angold Tweed et al., 1995).

The 1999 report entitled *Mental Health: A Report of the Surgeon General* (U.S. Department of Health and Human Services, 1999 states that one in five children and youth have a significant mental health need during their school years. Mental health disorders in children and youth put them at increased risk for poor school performance, delinquency, early pregnancy, substance abuse and violence (Minnesota Department of Human Services, 2000).

For information regarding the well-being of Indiana’s children go to:

The Annie E. Casey Foundation, KIDS COUNT Data Center ([www.kidscount.org](http://www.kidscount.org)), and the Indiana Youth Institute ([www.iyi.org](http://www.iyi.org)). The Annie E. Casey Foundation reported that Indiana

ranked 34th in childhood overall well-being in their 2005-2006 statistics.

Kutash, K., Duchnowski, A.J. & Lynn, N, (2006). *School-based mental health: An empirical guide for decision-makers.* Tampa, FL: University of South Florida, The Louis de la Parte Florida Institute, Department of Child & Family Studies., Research and Training Center for Children’s Mental Health.

Rones, M., Hoagwood, K. (2000) *School-based Mental Health Services: A Research Review* Clinical Child and Family Psychology Review; 3(4): 223-241.

Burns, B.J., Costello, E.J., Angold, A., Tweed, D. et al. (1995) *Children’s Mental Health Service Use across Service Sectors*. Health Affairs; 14(3): 149-159.

U.S. Department of Health and Human Services (2000) *Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda.* Washington, DC: Found at: [www.surgeongeneral.gov/cmh/childreport.html](http://www.surgeongeneral.gov/cmh/childreport.html).

U.S. Department of Health and Human Services ( 2000) *Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda.* Washington, DC: Found at: [www.surgeongeneral.gov/cmh/childreport.html](http://www.surgeongeneral.gov/cmh/childreport.html).

**CHILDREN’S MENTAL HEALTH COLLABORATION AND INTERVENTION**

School social workers are in a unique position, given their skills in social work and their location within schools, to facilitate collaboration with teachers, parents and community services to meet the mental health needs of students at school. Collaboration is the working together to reach a common goal through the pooling of knowledge, skills and resources. For one hundred years school social workers have been the link between school, home, and community resources in an effort to reduce barriers to school access and achievement for all students. School social workers combine their case management skills with their knowledge of children’s mental health prevention, identification and treatment to increase services to students with mental health needs at school. School social workers have greater natural access to students, staff and parents than other community services. This allows for improved student access to referral and coordination of services across home, school and community. Coordinated services create better outcomes for students with mental health needs.

Working in collaboration with school staff, school social workers promote children’s mental health and school-wide social emotional learning interventions, provide in-service training on recognizing signs and symptoms of mental health needs in children, facilitate early identification, develop needed supports and services, and consult with teachers on how to develop and apply strategies within the classroom that target the emotional and behavioral needs of the student. Through consultation and collaboration, a school social worker increases staff confidence, skills and sense of control in implementing emotional and behavior interventions for differing mental health needs. Increased staff skills in implementing such strategies helps students generalize skills learned during specialized services to school environments—playground, classroom, bus, hallways, and lunchroom.

Working in collaboration, a school social worker helps parents; recognize signs and symptoms of mental health needs, connect and access school and community supports and services, understand emotional and behavior needs, develop skills and confidence in implementing strategies and interventions at home, and coordinate school and community resources. Parents gain confidence with an increased understanding and skill in applying strategies for the emotional and behavior needs of their child. When home and school collaborate and coordinate strategies the student is helped to generalize therapeutic skills across environments which improves outcomes for students with mental health needs.

Wraparound planning is a collaborative intervention approach utilized by school social workers to coordinate home, school and community resources for students with emotional and behavioral needs. Wraparound increases a student’s chance of school success through additional resources and supports that are coordinated through a team process. The Wraparound approach is a child-family; strength based, needs driven, team process that utilizes both formal and informal resources. The wraparound team is identified by the family and often comprises of the child, family, friends, natural supports, teachers, agency service providers and other significant persons in the child’s life. This team works together to create an individualized service plan. The wraparound plan reflects child-family strengths, sets goals, and implements strategies utilizing formal and informal resources across school, home and community. Wraparound goals have measurable outcomes and are monitored on a regular basis. School social workers can act as resource coordinators and facilitate the wraparound process or participate as a team member through their school involvement with the student and family.

School social workers work in collaboration with other community agencies to identify and develop resources to address the unmet mental health needs of children, reduce fragmentation of mental health services for school-age children and reduce barriers to treatment and care.

Atkins, L.M. (2003) *School Social work: Meeting the Mental Health Needs of Students through Collaboration with Teachers, Children and Schools,* Vol. 25, No. 4, pp. 197-209.

Sabatino, C.A. (2006) *Collaboration and Consultation: Professional Alliances for Children, Families and schools.* In Constable, Massat, Flynn & MaDonald (6th eds.) *School Social Work Practice, Policy and Research* (pp339-366) Chicago: Lyceum Books Inc.

CHAPTER IX

SCHOOL SOCIAL WORK PROFESSIONAL ASSOCIATIONS AND RESOURCES

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Indiana School Social Work Association

Midwest School Social Work Council

School Social Work Association of America

National Association of Social Workers

Professional Resources

**Chapter IX**

**School Social Work Professional Associations and Resources**

**Objective:**

This chapter will identify the professional school social work associations and resources that support the profession of school social work.

**Indiana School Social Work Association** (www.insswa.org)

INSSWA is statewide organization which promotes the effective use of school social work services for students and their families throughout the state of Indiana. The association represents school social workers who practice school social work in public and private schools and seeks to promote professional development opportunities to ensure the highest standards of professional practice. INSSWA offers an annual fall conference, regional workshops, a summer institute, legislative advocacy, membership directory, quarterly newsletters and website. INSSWA is a member of the Midwest School Social Work Council and affiliates with the School Social Work Association of America and the National Association of Social Workers (NASW).

**Midwest School Social Work Council** (www.midwest-ssw.org)

The Midwest School Social Work Council is a state membership organization currently composed of eleven Midwest states. Current member states include Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, Ohio and Wisconsin. Each state is represented on the council by three members including the state consultant, president and practitioner. The council meets twice annually to collectively address new trends and state issues that directly impact school social work practice. Each fall the council co-presents the Midwest School Social Work Conference with a member state association. In 2007, the Midwest Council celebrated its 40th anniversary conference with the Ohio School Social Work Association in Cleveland, Ohio. The website offers information including the Midwest directory and history, position papers, links to state associations and conference information.

Midwest Directory:

Illinois Association of School Social Work www.iassw.org

Indiana School Social Work Association www.insswa.org

Iowa School Social Work Association www.aea16.k12.ia.us

Kansas School Social Work Association www.kassw.org

Kentucky School Social Work Association www.kassw-ky.org

Michigan School Social Work Association www.massw-mi.org

Minnesota School Social Work Association www.mssw.org

Missouri school Social Work Association www.sswam.org

Nebraska School Social Work Association www.sswan.org

Ohio School Social Work Association www.osswa.org

Wisconsin School Social Work Association www.wsswa.org

**School Social Work Association of America (**[www.sswaa.org](http://www.sswaa.org))

The School Social Work Association of America is a national membership association dedicated to promoting the school social work profession and the professional development of school social workers in order to enhance the educational experience of students and their families. SSWAA distributes publications and information through their website and their online communication - the E-Bell. Their website includes links to regional and state associations, legislative advocacy and resolutions. SSWAA annually sponsors a national conference held each spring in different regions of the country.

**National Association of Social Work**ers ([www.naswdc.org](http://www.naswdc.org/))

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers. NASW represents all social workers and works to enhance the professional growth and development of its members. NASW offers a school social work specialty section membership and a journal, Children and Schools. The website offers a variety of resources including the NASW Standards for School Social Work Services.

**Professional Resources**

1. Council for Exceptional Children ([www.cec.sped.org](http://www.cec.sped.org/))
2. UCLA Mental Health Project ([www.smhp.psych.ucla.edu](http://www.smhp.psych.ucla.edu/))
3. Center for School Mental Health ([www.csmh.umaryland.edu](http://www.csmh.umaryland.edu/))
4. National Association of School Psychologists ([www.nasponline.org](http://www.nasponline.org/))
5. American School Counselor Association ([www.schoolcounselor.org](http://www.schoolcounselor.org/))
6. Indiana Department of Education ([www.doe.in.gov/sservices](http://www.doe.in.gov/sservices))

**CHAPTER X**

**APPENDIX AND MENTAL HEALTH RESOURCES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mental Health Resources

Parent/Family Resources

Resource Mapping

Evidence-based Practices

Web Resources

**Chapter X**

**MENTAL HEALTH RESOURCES and an APPENDIX**

Objective:

This chapter provides links to a variety of mental health resources for school social workers.

Web-based Resources for Children’s Mental Health Topics

Links to Internet sites related to children’s mental health issues are intended as a public service. Their presence on this document does not constitute an endorsement of their content, which INSSWA does not control.

**EASY FIND**

Indiana Department of Education: [www.doe.in.gov/](http://www.doe.in.gov/)

IDOE Student Services: [www.doe.in.gov/sservices](http://www.doe.in.gov/sservices)

**Background information about Children’s Mental Health**

Mental Health: A Report of the Surgeon General: [www.hhs.gov/surgeongeneral/library/mentalhealth/home.html](http://www.hhs.gov/surgeongeneral/library/mentalhealth/home.html)

President’s New Freedom Commission Report: [www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov)

## Fact Sheets about Mental Health Disorders

Indiana Youth Institute KIDS COUNT data: [www.iyi.org/reports.aspx](http://www.iyi.org/reports.aspx)

###### **NAMI Fact Sheets**: [**mn.nami.org/info.html#factshttp://www.nami.org/**](http://mn.nami.org/info.html#factshttp://www.nami.org/)

**National Institute of Mental Health**

Health Information Quick links: [www.nimh.nih.gov/nimhhome/index.cfm](http://www.nimh.nih.gov/nimhhome/index.cfm)

### National Association of School Psychologists

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### NASP Fact Sheets and position papers: [www.naspcenter.org](http://www.naspcenter.org)

School Psychology Resources Online**:** [www.schoolpsychology.net](http://www.schoolpsychology.net)

**Teen Mental Health Problems: What are the Warning Signs?**

National Mental Health Information Center: [www.mentalhealth.org/publications/allpubs/ca-0023/default.asp](http://www.mentalhealth.org/publications/allpubs/ca-0023/default.asp)

**Being Alert to Indicators of Psychosocial and Mental Health Problems**

UCLA School Mental Health Project/Center for Mental Health in Schools: [smhp.psych.ucla.edu/](http://smhp.psych.ucla.edu/)

(Search Resource Aid Packets: Screening/Assessing Students: Indicators and Tools)

Parent/Family Reso**urces**

Focus Adolescent Services: [www.focusas.com/Indiana.html](http://www.focusas.com/Indiana.html)

NAMI Indiana: [www.nami.org/mstemplate.cfm?micrositeid=169](http://www.nami.org/mstemplate.cfm?micrositeid=169)

PACER Center, Parent Advocacy Coalition for Educational Rights: [www.pacer.org](http://www.pacer.org)

#### Resource Mapping

#### School Mental Health Project /Center for Mental Health in the Schools:

[smhp.psych.ucla.edu/](http://smhp.psych.ucla.edu/)

(Search: Technical Aid Packets-Resource Mapping)

## Evidence-based Practices

Indiana Department of Education**: Research-Based/Best Practice Prevention and Intervention Resources for School Social Workers:** [www.doe.in.gov/sservices/social\_work/best\_practice.html](http://www.doe.in.gov/sservices/social_work/best_practice.html)

Positive Behavioral Interventions and Supports (PBIS**):** [www.pbis.org/main.htm](http://www.pbis.org/main.htm)

The Collaborative for Academic, Social and Emotional Learning**:** [www.casel.org/home/index.php](http://www.casel.org/home/index.php)

Intervention Central**:** [www.interventioncentral.org](http://www.interventioncentral.org)

What Works Clearinghouse (US Dept of Education):[www.w-w-c.org](http://www.w-w-c.org)

**Links to other Web Resources**

**Center of Excellence in Children’s Mental Health**

University of Minnesota: [www.cmh.umn.edu](http://www.cmh.umn.edu).

**Center for School Mental Health Assistance:** [csmha.umaryland.edu/](http://csmha.umaryland.edu/)

**Indiana Department of Health:** [www.in.gov/isdh](http://www.in.gov/isdh)

**Indiana Family and Social Services Administration:** [www.in.gov/fssa](http://www.in.gov/fssa)

**Indiana Division of Mental Health and Addictions:** [www.in.gov/fssa/dmha/4521.htm](http://www.in.gov/fssa/dmha/4521.htm)

**National Early Childhood Technical Assistance Center:** [www.nectac.org/default.asp](http://www.nectac.org/default.asp)

**National Technical Assistance Center for Children's Mental Health**

Georgetown University Center for Child and Human Development:

[gucchd.georgetown.edu/programs/ta\_center/index.html](http://gucchd.georgetown.edu/programs/ta_center/index.html)

**Research and Training Center on Family Support and Children's Mental Health**

Portland State University: [www.rtc.pdx.edu/](http://www.rtc.pdx.edu/)

**School Mental Health Project-UCLA:** [smhp.psych.ucla.edu/](http://smhp.psych.ucla.edu/)

**Research and Training Center for Children's Mental Health**

University of South Florida-Tampa: [rtckids.fmhi.usf.edu/](http://rtckids.fmhi.usf.edu/)

**The American Indian Health web site**

This is an information portal (links to many other Native websites) to issues affecting the

health and well-being of American Indians: [americanindianhealth.nlm.nih.gov](http://americanindianhealth.nlm.nih.gov)

**Minnesota Association of Resources for Recovery and Chemical Health** (MARRCH- school section): [www.marrch.org](http://www.marrch.org)

**APPENDIX 1**

**CONFIDENTIALITY CHECK LIST**

\_\_\_ I have clarified my own personal and professional values.

\_\_\_ I have identified the primary stakeholders in ethical issues.

\_\_\_ I have identified the primary competing values.

\_\_\_ I regularly provide an ethical orientation to new clients.

\_\_\_ I obtain informed consent (and informed assent) to treatment.

\_\_\_ I have identified several courses of action.

\_\_\_ I obtain clinical consultation about difficult issues.

\_\_\_ I obtain legal advice about difficult issues.

\_\_\_ I am familiar with the laws regarding the treatment and rights of minors.

\_\_\_ I carefully consider the clinical implications.

\_\_\_ I make sure the decision is impartial, generalizable, and justifiable.

\_\_\_ I review and document the process of decision making.

\_\_\_ I always keep my personal written notes in a locked file cabinet.

\_\_\_ I always use a computer password to protect private electronic files.

\_\_\_ I always write public documents in clear, inoffensive language.

Used by permission. Raines, J. C. (2009). The process of ethical decision making in school social work: Confidentiality. In C. R. Massat, R. Constable, S. McDonald, & J. P. Flynn (Eds.), *School social work: Practice, policy, and research* (7th ed., pp. 71-94). Chicago, IL: Lyceum Books.

**APPENDIX 2**

**Example of School Social Worker Performance Evaluation**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indianapolis Public Schools**

**Final Summative Evaluation Instrument**

### Comprehensive Evaluation Of School Social Work Performance

**Name of School Social Worker Assignment/School**

**Years of experience**

**Assignment**

|  |  |
| --- | --- |
| Domain 1:Planning and Preparation | **KEY PIECES OF EVIDENCE** |
| **1a) Demonstrating Knowledge of Content Basic to the Social Work Profession** | |
| * At-risk youth * Community collaboration * Consultation * Counseling * Crisis intervention * Cultural, racial, ethnic, gender and other diversity * Environmental and biological factors affecting students’ ability to function effectively in school * Family relationships * Mental health systems * Risk and safety factors * Students with disabilities * Systems theory * Values and ethics * Various modalities of treatment and theories |  |
| **1b) Demonstrating Knowledge of Diagnostic Process** | |
| * Academic proficiencies * Cultural heritage * Human development and growth * Personal interests * Learning styles * Social/emotional dynamics |  |
| **1c) Developing Interventions** | |
| * Student, staff and/or family collaboration |  |
| **1d) Demonstrating Knowledge of Resources and Accessibility Procedures** | |
| * Community resources * School/district resources |  |
| **1e) Assessing Student Growth** | |
| * Create criteria for assessing goals * Congruence with intervention goals * Use assessment results for future planning |  |