

School Social Work Best Practice Guide

Third Edition 2020



**Illinois State Board
of Education**



A collaborative initiative of the Illinois State Board of Education and the
Illinois Association of School Social Workers

FOREWORD

The Illinois Association of School Social Workers (IASSW) believes that “School Social Workers (SSW) are a vital part of the educational team, working together with educational administrators, teachers, counselors, psychologists, nurses, speech and language pathologists and other staff. Their unique graduate level training in social work enables them to understand and interpret the influences of the school, home, and community on children. School Social Workers identify factors that can make school a more successful experience for students.” Within their roles, school social workers perform a variety of tasks and implement an array of supports to assist students, parents/guardians, schools, and communities.

School social workers are vital in the implementation of the goals established by the Illinois State Board of Education (ISBE). One of these goals is that “(a)ll districts and schools will receive the resources necessary to create safe, healthy, and welcoming learning environments, and will be equipped to meet the unique academic and social and emotional needs of each and every child.” School social workers help create safe, healthy, and welcoming learning environments for all children while using their training as mental health professionals to address the social and emotional needs of all children.

Another ISBE goal is that “(e)very child will make significant academic gains each year, increasing their knowledge, skills, and opportunities so they graduate equipped to pursue a successful future, with the state paying special attention to addressing historic inequities.” School social workers can play a critical part in addressing historic inequities in student learning through their advocacy role to facilitate programmatic and systemic change in response to the needs of students, families, and the school system. Recognizing the needs of diverse populations of learners and advocating on behalf of those students helps to ensure full access to educational opportunities.

ISBE has also established a goal to elevate educators by ensuring that “Illinois’ diverse student population will have educators who are prepared through multiple pathways and are supported in and celebrated for their efforts to provide each and every child an education that meets their needs.” School social workers possess unique training and experiences among educators that enrich the educational system and provide a critical perspective to ensure children receive an education that meets their needs.

The purpose of this *School Social Work Best Practice Guide* is to provide school social workers with practices and procedures that will assist them to better serve school communities. This guide is meant to serve as a valuable resource for school social workers with many years of experience, school social workers just beginning their professional practice, school social work interns, and administrators throughout the State of Illinois.

The first edition of this guide was a manual published in 1983, and the immediate previous revision was published in 2007. In 2016, IASSW members requested to collaborate with ISBE to produce an updated version of this valuable guide. IASSW solicited volunteers to work on this current edition. The contributors who were chosen (see next page) represent as diverse a group as possible, considering race, age, years of experience, geographic area, student population, grade level, university representation, and administrative representation. ISBE and IASSW wish to thank all those who contributed their time and knowledge to develop this third edition of the *School Social Work Best Practice Guide*.

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CHAPTER 1

ROLE OF THE SCHOOL SOCIAL WORKER

What is our role as school social workers? We are often asked by other professionals, families, students, and other clients what we do exactly, so it is important that we are able to articulate the scope and breadth of our role as a cohesive profession. Generally, school social workers are seen as the link between the school, home, and community, although the role of school social workers has grown, changed, and adapted alongside generalist social work practices as well as the field of education.

See [Chapter 3: Approaches to Service Delivery](#) about school social work within a Multi-Tiered System of Support (MTSS) for more specific information regarding service provision/delivery at various levels and points within the school system.

School social work began as an intervention to support students within the school system for students whose backgrounds and/or personal lives created potential barriers for success in public education. Since the inception of the profession, school social workers have offered connections and resources between the school and the community/home environment. The first school social workers (in the early 1900s) were considered “visiting teachers,” who provided families with community connections and resources. Since beginning with resource allocation and case management approaches, the role has grown and expanded over time to include provision of mental health services to students. While changing legislation and shifting societal trends have continuously shaped the ever-changing role of school social workers, current school social workers are mental health practitioners who support students experiencing barriers to their educational success (Allen-Meares, 2006; 2013; Constable, 2016; Costin, 1978; Dupper, Rocha, Jackson, & Lodato, 2014; Frey et al., 2013; Kelly et al., 2016; Phillippo & Blosser, 2013).

See [Appendix A](#) for further information about the history of the profession.

The inevitable shifts, in both the needs of our students and the school environment, will continue to add variation and ambiguity amongst school social work roles and practices. Regardless, school social workers support the educational setting with their unique knowledge base that lends to working within macro settings (i.e. Tier I- districtwide, schoolwide); mezzo settings (i.e. Tier II- schoolwide, classroom); and micro settings (i.e. Tier III- individual, small groups). Working within a school setting allows opportunities for school social workers to partake in various tasks and responsibilities across these tiers of support.

The School (Host) Setting

Social workers are employed in a variety of settings. Some work in agencies specific to social work, such as agencies that provide therapy or social services. Other social workers may work in *host settings*, or in places where social work is not the primary goal or intention of the workforce (Constable, 2016; Dane & Simon, 1991). There are social workers in hospitals, in the criminal justice system, in policymaking settings, and other settings. Then there are school social workers who are employed within the school setting. Therefore, school social work practices occur in a *host setting*, where services are specialized to specific needs and/or specific populations. In the case of a school, the general primary goal of the setting is to provide educational material to students.

Overall, the school setting generally employs professionals seeking to disseminate academic knowledge to students. School social workers work amid educational policies, educational jargon and terminology, and practice approaches related to teaching and learning. Therefore, in addition to the foundation of social work knowledge, school social workers also learn and practice based on the influence of the field of education. School social workers are then able to advocate for and practice on behalf of the students and the school community while coming from a particular perspective that teachers and school administration may not have. As mental health practitioners, school social workers use their specialized combination of knowledge from both the fields of social work and education to align their services to ensure that all students can access the learning process and school environment to the best of their ability. School social workers provide differentiated services to students in the school, looking for and creating opportunities to advocate for the whole child, including behavioral, social, and emotional needs.

School social workers consistently collaborate with an interdisciplinary team of professionals; therefore, they may need to explain and discuss the scope and breadth of their role with their colleagues who do not immediately understand school social work goals and intentions. At the same time, there are differences that school social workers encompass within their role while working alongside and collaborating with school staff. For example, as licensed social workers, school social workers must adhere to the [National Association of Social Workers \(NASW\) Code of Ethics](#) (2017).

See [Chapter 2: Ethics & Professional Standards](#) for more information about school social work in relation to the [NASW Code of Ethics](#).

The school social work role will continue to grow and expand based on the strengths, needs, and demands of school settings and mental health practices. Different host (school) settings have different resources, perspectives, and needs; therefore, the best practices of school social workers may change and flex based on the presenting situation(s).

Workload

While the unique characteristics of working within a host setting contribute to the formation of the school social work role, there are many other variables that also add to the differences amongst practitioners' roles. The age and grade-level of student populations create differences in what is needed within school social work and how the needs are approached; the problems occurring in an elementary school are much different than that of a high school. Also, the contextual conditions of the school also contribute to the scope of the role of school social workers. For example, a rural school population will have different cultural norms than would a school within the city limits of Chicago. The availability of social services and resources within one neighborhood area or another can also create different needs of the job for each individual practitioner. Furthermore, some schools may employ a school social worker full time and/or part time, or one social worker may serve multiple school buildings (Dupper, et al., 2014; Franklin, Kim & Tripodi, 2009; Kelly, et al., 2015; Phillippo & Blosser, 2013).

School districts and systems function and grow individually, developing unique policies and systems that work best for the specific setting and student communities they serve. Legislative demands of the city, state, and nation must all be considered when determining priorities of daily tasks and responsibilities (Gherardi, 2017; Kopels, 2016). Some social work activities fall into the category of mandated services that are authorized and regulated by state and federal laws for provision of appropriate educational services to all students. Such mandated services include participating in early intervention student support

committees, conducting assessments for students being evaluated for special education, providing services defined by Individualized Education Programs (IEPs) and Section 504 Plans, and reporting suspected child abuse. Additionally, school social workers are named in both federal and state statutes as conducting Functional Behavioral Assessments (FBAs) and developing positive behavior interventions.

Some school social workers are employed exclusively to provide mandated services, thereby having little opportunity to provide the other identified school social work functions, while others do very little in the area of mandated services (especially if others are employed specifically to provide those services). Most school social workers, however, perform a blend of all functions with great variation in the relative amounts of time devoted to each function (Kelly, et al., 2016). Other legislation warrants additional policies and tasks for schools that could relate to services provided by school social workers. For example, laws about bullying and truancy demand that schools react in specific ways, and school administrators may ask that school social workers assist in these situations due to their professional knowledge and abilities as mental health professionals. All school social work functions can be provided at several levels, across the three tiers and levels of support (Allen-Meares, 2013; Constable, 2016).

Because of the varying tasks and responsibilities that school social workers may encounter, definitive caseload/workload allocations have not been determined for school social workers in Illinois. Clinician/student ratios are often determined based on financial capabilities of the school and/or district. Regardless of specific allocations, though, it is important for school social workers to distinguish their caseload versus their workload (Kelly & Whitmore, 2019).

Caseload Versus Workload

While the term “caseload” refers to the specific number of students that a school social worker consistently services, the term “workload” includes a more expansive, all-encompassing way to describe all the tasks and responsibilities school social workers may do (Kelly & Whitmore, 2019; Ward, et al., 2018). School social workers will have a *caseload* of students to whom they provide direct services based on a student’s IEP. Each school social worker is able to compile the number of minutes spent providing therapeutic support to these students. However, there is more to the work than simply these direct services, which lends to the discussion of overall *workload*.

School social workers’ *workloads* are composed of much more than minutes of direct service delivery (Franklin, Kim & Tripodi, 2009). For example, school social workers provide collaborative, consultative services to teachers who are uncertain how to react/respond to their students. School social workers also spend time completing evaluations and observations for students both within special education and general education, including behavioral and social/emotional assessments. They respond to crisis situations, such as assessing the threat of student suicidality, supporting families experiencing homelessness, and de-escalating difficult behavioral situations. School social workers also support schoolwide programming, such as bullying intervention programs or behavioral regulation curricula. School social workers are always looking for community connections and finding ways to ensure culturally responsive and trauma-informed practices are applied throughout the school. Therefore, given this wide array of tasks, school social workers’ time allocation should not and cannot be determined based on a *caseload* alone (Kelly & Whitmore, 2019). Rather, school social workers must consider their general *workload* when discussing the work they do.

When planning for the workday and determining priorities, school social workers must consider not only the time spent on direct services but also the time spent on the preparation and follow-up services they must complete (Kelly, et al., 2016). Evaluations for special education, for example, take ample time in that they include time to complete not only the interviews with parents, teachers, and the student, but also time to write summaries of the interviews, observe the student, consult with other members of the evaluation team, etc. Furthermore, school social workers may provide classroom lessons, and therefore preparation time for these lessons must be allocated within the workload. School social workers also have to plan lessons given to small groups of children and then document student progress after the lesson/intervention is provided. While school social workers are not necessarily provided a scheduled “prep time” as teachers are, they must allocate such time within their schedule to ensure they have the necessary planning time to effectively manage their workload.

Some school social workers choose to participate in a “time-study,” which is a tool meant to record and analyze the way an individual school social worker spends his or her time (Kelly & Whitmore, 2019). The school social worker documents how time is spent every 15 minutes that (s)he is working. Activities are categorized to determine how much time is spent delivering mandated services (e.g., direct services to students in special education, evaluations, documentation, etc.); planning indirect services (e.g., preparing for tasks or planning activities for students or groups but not providing direct face-to-face services); dealing with students on a caseload and those outside of a caseload; consulting with teachers, etc. While a time-study can be tedious to complete, it is meant to capture an example workload throughout random periods of time within the school year; it is not meant to be a continuous activity throughout the year. The data from a time-study can be used to advocate for additional school social workers in a school building, to show school administrators how school social workers spend their time, and to help individual practitioners plan and prioritize their own work needs. Furthermore, because school social workers’ workloads may differ across school sites and/or job assignments, time-study tools allow for specificity about one’s own role. For example, a school social worker serving multiple school buildings will need to set aside time for travel between worksites; those working in expansive rural areas will need more travel time than those working within one neighborhood.

Components and Variables of the Role

The following information is meant to provide examples of various work tasked to and taken on by school social workers. This illustrative but not exhaustive list provides examples and is not intended to define every activity that might be performed in any kind of setting but rather to give a descriptive picture of the many-faceted activities that are commonly included in the school social worker's role (Phillippo, et al., 2017).

In addition to the factors of the host setting as described previously, here are some factors that could affect role formation:

- a) Numbers of students, buildings, and/or districts served.
- b) Age and/or grade level of students.
- c) Number of staff members in the building (e.g., number of teachers/staff served, number of school social workers and other school mental health professionals available, etc.).

- d) Types of concerns to be addressed (e.g., services for persons with disabilities; crisis intervention; case management services; consultation with teachers, administration, and/or parents; participation on school committees, etc.).
- e) Specific expertise of the school social worker.
- f) *Combination of any or all the above.*

For the most effective utilization of available resources and best service provision, school social work staff should be involved in designing the needs assessment, evaluating the results, and developing a plan for allocating staff/resources (Dupper, Rocha, Jackson & Lodato, 2014). School social workers typically know their own strengths and weaknesses best, and they will ultimately be more enthusiastic about providing services in difficult situations if they themselves participate in all the steps of the process. An important factor to consider relates to burnout and morale (Leyba, 2009). School social workers and their supervisors must explicitly remember the consequences of and work to prevent burnout; this can be done in many ways through personal activities outside of the workplace, but also by ensuring that school social workers can participate in professionally satisfying tasks.

Overall, school social workers will continue to advocate not only for students, families, and the school community, but also for the worth and importance of the school social work profession.

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CHAPTER 2

ETHICS & PROFESSIONAL STANDARDS

As providers of mental health services to children in schools, school social workers will face difficult and/or ethical dilemmas time and time again, so it is of utmost importance to be familiar and comfortable with the *National Association of Social Workers (NASW) Code of Ethics* (see Resources section at end of chapter), confidentiality laws, technology policies, and the concept of cultural humility.

Code of Ethics

As mental health clinicians, the *NASW Code of Ethics* is the primary ethical guidance for social workers, including school social workers; however, social workers may also use ethical standards from other related professions for ethical guidance. Additional guidance for school social workers is described below.

The *Supplemental Ethical Standards for School Social Work Practice* were developed under the leadership of the [Midwest School Social Work Council](#) and adopted by the [School Social Work Association of America](#). These standards build and extend upon the values, principles, and ethical standards articulated in the *NASW Code of Ethics*. Additionally, they specifically address issues critical to school social work practice but not addressed in the *NASW Code of Ethics*. The standards are in addition to and do not in any way supplant the *NASW Code of Ethics*.

As mental health providers, school social workers should avoid presuming that requests of attorneys, courts, or government agencies, such as the Illinois Department of Children and Family Services (DCFS), are sufficient reason to breach confidentiality (Raines, 2016; Reamer, 2005). When faced with dilemmas surrounding disclosure of information, school social workers must consult with knowledgeable colleagues, legal representation, and/or their state association or licensing body. Often, dilemmas between disclosing information and protecting privacy can be managed by requesting a consent for release of information. For example, students may consent for the school social worker to discuss with a parent or teacher about a pregnancy or unsafe behaviors. Ethical dilemmas can be preemptively avoided by regular school staff training about the boundaries of confidentiality for social work and mental health service provision. When staff have been previously informed about the limitations of disclosure in a non-threatening, informative setting, they are often more understanding when the social worker responds to their questions with a gentle reminder of why that information cannot be shared.

Confidentiality

The practice of confidentiality in a school setting can pose challenging decisions for school social work mental health professionals due to the holistic approach(es) used to meet the needs of a student. Multiple factors must be considered, 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. There will be times when a school social worker must make a difficult decision about confidentiality and disclosure, but as mental health providers, school social workers must adhere to their ethical and legal responsibilities when making professional decisions regarding confidentiality. School social workers must have knowledge and understanding of the *NASW Code of Ethics*, *NASW Standards for School Social Work Services*, federal and state laws, as well as local school district policies that govern

client confidentiality and school records. The [Illinois School Student Records Act](#) and [Mental Health and Developmental Disabilities Confidentiality Act](#) provide additional guidance regarding privileged and/or confidential information for mental health providers such as school social workers.

School social workers should practice in accordance with their ethical codes of professional conduct, use an ethical decision-making model (Raines & Dibble, 2010; Strom-Gottfried, 2008), and do their best to maintain the confidentiality of information shared with them (Kopels & Lindsey, 2006; Kopels, 2016). Confidential information should only be released with written releases of information or if they have compelling professional reasons for disclosure. As mental health providers, school social workers must keep abreast of ethical and legal issues that impact confidentiality.

For more information, see the [NASW Position Statement on Confidentiality and School Social Work](#).

The [Family Educational Rights and Privacy Act \(FERPA\)](#), which protects the privacy of student educational records, is another source of information on this topic.

Consent for Services

Neither federal nor state education regulations specifically require written consent from a parent/guardian for a student to receive school social work services. Within our state, the [Illinois Mental Health and Developmental Disabilities Code](#) is often referenced in discussions about this issue. As of July 2018, the Illinois Mental Health and Developmental Disabilities Code at 405 ILCS 5/3-5A-105(a) states the following:

“Any minor 12 years of age or older may request and receive counseling services or psychotherapy on an outpatient basis. The consent of the minor's parent, guardian, or person in loco parentis shall not be necessary to authorize outpatient counseling services or psychotherapy. However, until the consent of the minor's parent, guardian, or person in loco parentis has been obtained, outpatient counseling services or psychotherapy provided to a minor under the age of 17 shall be initially limited to not more than eight 90-minute sessions.”

The Illinois Mental Health and Developmental Disabilities Code further states that counseling services must be provided in accordance with the [Clinical Social Work and Social Work Practice Act](#). It is important to note that this regulation applies to services provided in an outpatient mental health setting; its applicability to the school setting is unclear. Since the Clinical Social Work and Social Work Practice Act is referenced in this regulation, though, it may be advisable for school social work mental health professionals who have a License of Social Work (LSW) or a License of Clinical Social Work (LCSW) to strongly consider following these requirements when providing mental health services to minors between the ages of 12 and 17. Additionally, if school social workers do not have their LSW or LCSW, they should consider the value of obtaining a professional license, as the licensing law provides additional protection. Regardless of licensure, school social workers are mental health providers who should also adhere to any policies of their district or special education cooperative regarding parental consent for services.

Documentation

One of the ethical criteria for all social work practice (and also included in standards for school social work practice) is accurate, timely, and confidential documentation (Kagle & Kopels, 2008). In accordance with

best ethical practices, school social workers should be maintaining accurate records while ensuring confidentiality (NASW, 2017). Documentation is an essential responsibility in assessing, monitoring, and evaluating a student's responsiveness to and the effectiveness of interventions, as well as evaluating school social work practices. Therefore, school social workers can demonstrate how interventions and other service delivery models contribute to the core of the student's social, emotional, and academic performance, as well as the progress the student is making toward their goal statement. All documentation should include professional language, be mindful of all confidential information of the student and services, and be written from a strengths-based perspective (Gleason, 2007; Kopels, 2016).

As a mental health professional in the school setting, school social workers document when they are in contact with a student, including information such as service type (i.e. individual or group, push-in/pull-out), length of contact, and a generalized description or discussion of intervention that took place. One of the most common concerns is where this documentation about students is stored. Most often, this information is stored within the student management system of the school. For this reason, school social workers should seek to be part of the team when a student management system is implemented to help ensure that there are levels of protection within the system that prevent other school staff from accessing records of student contact with a school social worker. To this end, it is crucial that school social workers explain that as mental health professionals, it is of utmost importance to have a secure and locked space to store all confidential documentation of students who receive service(s).

Technology

In today's educational world, the use of technology creates unlimited purposes and conveniences for all school personnel, including school social work mental health professionals. However, technology can also create undue stress and ethical dilemmas, so extreme caution should be taken by all those using it. In fact, the NASW, Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE), and Clinical Social Work Association (CSWA) collaborated to create a comprehensive 64-page document titled *Standards for Technology in Social Work Practice* to help guide social workers, including school social work mental health professionals, through the complexity of using technology in practice.

Frequently Asked Questions

The following questions/situations related to confidentiality may be commonly experienced by school social workers. These examples are provided to encourage the reader to think critically and ethically about how to proceed in their own contexts. However, they are not to be construed as directives or definitive answers to personal situations.

My principal wants to know all the details about a child's home life. I think she means well, but it feels like gossiping. Should I tell her what she wants to know?

As mental health providers, school social workers (SSW) need to be sensitive to how their responses to others (colleagues as well as supervisors) will be perceived. It is important for the SSW to respond in a respectful manner to maintain a positive working relationship while still maintaining confidentiality. This is a situation in which prior training could help the social worker gently remind colleagues about the boundaries of confidentiality.

A non-custodial grandparent who has legitimate concerns wants to know information (such as attendance or well-being) of their grandchild, one of my clients. Do I tell them the information they want to know?

The school social worker's response to this grandparent must be respectful while still upholding confidentiality. For example, the social worker, as a mental health provider, may wish to explain why he/she cannot share information, but allow the grandparent to express their concerns. If there is legitimate reason to exchange information, a signed authorization form from a parent and/or legal guardian of the student for exchange of information may be warranted.

I received a subpoena for a custody hearing for a student on my caseload. How do I respond?

Receipt of a subpoena requires a response, but the school social worker should not release records or confidential information automatically. First, the district's legal counsel should be informed of the subpoena and may advise on next steps. A signed release of information to speak with the client's attorney may help the attorney to understand the limits of the social worker's testimony. Additionally, the school social worker should remember, and advise administrative colleagues, that being called to testify in court may take valuable time away from service provision to other students.

Teachers are always asking me questions or telling me uncomplimentary things about students in the lunchroom (or hallway, playground, etc.). What do I do?

This is a case where the school social worker needs to be aware of the colleagues' needs and intentions and address them in a way that ethically protects students. The school social worker could suggest having the conversation in a private location, after school, or at another time convenient to both parties.

We do not have enough space in our school, and I am told that I must share an office with non-social work staff. Is this technically OK?

This is problematic and requires school social work mental health professionals and colleagues to be creative about service provision. Others (adults and/or students) who are not part of the group should not be present for intervention sessions.

A student has revealed to me information that is alarming (e.g., thoughts of running away, pregnancy, self-injury, etc.). She says she is afraid to tell her parents and doesn't want me to. What do I do?

Such situations are challenging for school social workers who are concerned for the best interests of their students while at the same time want to (and must) protect confidentiality. Sometimes, good social workers disagree about a course of action in such situations. The most recent revisions to the *NASW Code of Ethics* at Section 1.07(c) states:

"Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons."

Yet, the general expectation that "social workers will keep information confidential" does not automatically apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, as mental health providers, school social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed. "Compelling professional reasons" remains vague and requires clinical judgment. As mental health professionals, school social workers should consider the potential effects of possible breaches of confidentiality, disclose

the least amount of information necessary, inform the student of actions taken, and carefully document the actions that are taken and how they came to decide those actions. Clinical supervision from experienced colleagues is often warranted in such cases.

Staff in my district regularly share information about students via email. My supervisor expects me to track my services using a database that non-social work staff can access. Am I right to be concerned that this could result in a breach of confidentiality?

Technology provides many benefits as well as challenges to the field of school social work. Section 1.07(i) of the newly revised *NASW Code of Ethics* advises social workers to not discuss confidential information “electronically or in person” unless it can be ensured that confidentiality can be protected.

Cultural Humility

As providers of mental health services, school social workers must understand how individuals’ and groups’ range of backgrounds and experiences could either positively and/or negatively impact learning in the school environment. School social workers understand how culture, family, community values, individual experiences, talents, gender, sexual orientation, gender identification, language, and previous experiences can influence students’ current learning. Therefore, school social workers help to create productive and comfortable learning environments for all diverse populations of students and families by:

- Consulting with other educational staff to encourage an understanding of cultural humility.
- Advocating for students within oppressed groups. (See [Chapter 8: Special Populations](#) for more information about working with specific student populations.)
- Practicing with cultural humility.

It should be noted that the term “cultural competence” has been criticized over the past several years, with statements in literature suggesting that social workers should not consider themselves as “competent” regarding others’ personal culture(s) and/or experiences. Evidence instead suggests that practitioners could work to practice with “cultural humility” (Olivos, 2009; Teasley et al., 2012; Tervalon & Murray-Garcia, 1998).

It is important to keep in mind the reasoning for the importance of cultural humility. Results from a 2016 survey (Kelly et al., 2016) indicated that about 90 percent of practitioners within the field of school social work identified as female; of this majority, about 80 percent identified as white. These findings alone illuminate the fact that practitioners often come from different backgrounds than the students with whom they work; this then further gives reason for school social workers to emphasize the meaning of maintaining cultural humility while continuously learning to work with people from all backgrounds (Council on Social Work Education, 2016). It is important for school social workers to recognize and remember cultural differences while working with their clients, including students, families, colleagues, and community members.

NASW’s *Standards and Indicators for Cultural Competence in Social Work Practice* evidences in detail that all social workers have an ethical obligation to uphold cultural awareness and social diversity. This document then further denotes more general standards in which professionals adhere to practicing with cultural humility. As the overall field of social work continues to recognize how cultural humility can be understood via practice approaches, the specialized field of school social work can simultaneously seek ways to incorporate the concept into school settings and the field of education as well.

Resources

The following sites provide information about licensure, ethics, responsibilities, and other general facts to know about ethics and mandates for social workers and school social workers:

[Association of Social Work Boards](#)

[Clinical Social Work Association](#)

[Council on Social Work Education](#)

[Midwest School Social Work Council](#)

[NASW Code of Ethics](#)

[NASW Standards for School Social Work Services](#)

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CHAPTER 3

Approaches to Service Delivery

School social work is a specialized area of mental health social work practice that requires a unique set of knowledge and skills. As mental health clinicians within a Multi-Tiered System of Support (MTSS), school social workers provide services to remove barriers to learning that impact children and their ability to access and benefit from education in a variety of ways (Frey, et al., 2012). They provide an array of services, including, for example, direct clinical services, schoolwide interventions, community outreach, and consultation (Allen-Meares, 2013; Constable, 2016; Franklin, Gerlach & Chanmugan, 2012; Franklin, Kim & Tripodi, 2009; Capio, Swanlund & Kelly, 2016; Phillippo & Blosser, 2013; Sabatino, 2016). School social workers are trained mental health professionals; in the school context, they are the link between the home, school, and community settings. They provide a multitude of services that positively impact student outcomes (Tan et al., 2013). This chapter highlights examples of the different types of services provided by school social work mental health professionals.

Social and Emotional Learning

School social workers are an integral part of supporting social and emotional learning (SEL) in schools. SEL involves a myriad of knowledge and skills, including the ability to understand and manage emotions, identify and accomplish positive goals, demonstrate empathy for others, develop positive relationships, and make good decisions (Durlak et al., 2011). **Everyone** in the school is responsible for implementing and embedding social and emotional learning knowledge and skills, but school social workers have specific areas of expertise to support students across MTSS (Avant, Winfrey & Swerdlik, 2016). Tier I social and emotional curricula are typically provided to all students by classroom teachers (Iachini, 2016). Social academic instructional groups and short-term individualized interventions are examples of Tier II interventions, which may be provided by school social workers (Lindsey, 2016). Tier III services are designed for students with intensive academic and behavioral needs that require long(er)-term individualized plans (Eber, Lindsey, & White, 2010; Malloy et al., 2010; Scott & Eber, 2013). School social workers provide a continuum of schoolwide social and emotional learning supports across all three tiers within MTSS.

Several resources can be used to embed social and emotional learning into school social work practice, including the [Illinois Social and Emotional Learning Standards](#) and [National Standards for Social Emotional Learning](#), and Core SEL Competencies. The *Illinois SEL Standards* identified three goals, age-appropriate benchmarks, and performance descriptors for school-aged children. Building upon the *Illinois SEL Standards*, the [School Social Work Association of America](#) developed [School Social Work National Standards for Social Emotional Learning](#) (Lindsey, et al., 2014). These standards identified five SEL goals and behavior descriptors for early childhood through high school. The [Collaborative for Academic and Social Emotional Learning](#) (CASEL) developed *Core SEL Competencies*. (See next page.) The competencies can be taught in different ways, across a variety of settings (CASEL, n.d.).

Core SEL Competencies



<p>Self-Awareness The ability to accurately recognize one’s own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one’s strengths and limitations, with a well-grounded sense of confidence, optimism, and a “growth mindset.”</p>	<p>Includes: Identifying emotions Accurate self-perception Recognizing strengths Self-confidence Self-efficacy</p>
<p>Self-Management The ability to successfully regulate one’s emotions, thoughts, and behaviors in different situations — effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work toward personal and academic goals.</p>	<p>Includes: Impulse control Stress management Self-discipline Self-motivation Goal-setting Organizational skills</p>
<p>Social Awareness The ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behavior and to recognize family, school, and community resources and supports.</p>	<p>Includes: Perspective-taking Empathy Appreciating diversity Respect for others</p>
<p>Relationship Skills The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.</p>	<p>Includes: Communication skills Social engagement Relationship-building Teamwork</p>

<p>Responsible Decision-Making The ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others.</p>	<p>Includes: Identifying problems Analyzing situations Solving problems Evaluating problems Reflecting Ethical responsibility</p>
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Trauma-informed practices

As mental health professionals, school social workers understand and acknowledge the negative impact of trauma on children’s development and learning abilities. There is a consensus (within the literature and amongst multidisciplinary experts) that there are biological mechanisms through which prolonged exposure to stress and “adverse childhood experiences” (ACEs) lead to increased risk of negative health, social, emotional, and learning outcomes (Centers for Disease Control and Prevention [CDC], 2020). ACEs are described as traumatic experiences occurring to someone between the ages of 0-17 years (CDC, 2020). Analysis provided by the 2011-12 National Survey of Children’s Health highlighted that 48 percent of children living in the United States have experienced at least one “adverse childhood experience” (Bethell, Newacheck, Hawes, & Halfon, 2014). The significance evidenced by these statistics explains why the CDC (2020) has referred to trauma as a public health issue. Schools must address the consequences of trauma/ACEs so that students can learn and function at their utmost potential.

As mental health professionals, school social workers are an essential component to trauma-informed practices within schools. Creating and maintaining a school that is responsive to the effects of trauma is no easy feat. School social workers understand the impact that trauma has on students and how these traumatic events often intersect with other structural issues, such as racism and other inequities (Dombo & Sabatino, 2019). Maintaining “trauma-informed practices” requires ample resources and training for those involved. As explained by the National Child Traumatic Stress Network (2019): “Eliminating disparities in trauma services requires culturally responsive involvement across service sectors, communities, organizations, neighborhoods, families, and individuals in order to reduce barriers, overcome stigma, address social adversities, strengthen families, and encourage positive ethnic identity.” School social workers must collaborate with administrators, teachers, and the surrounding school community to ensure they are reaching the potential of their abilities to respond in trauma-informed, culturally responsive ways.

Many children at schools have experienced trauma, so it is essential for school districts to implement trauma-informed practices (McInerney & McKlindon, 2014). Administrators, teachers, staff, and parents in a trauma-informed school community acknowledge how common trauma is and are prepared to recognize it and respond through trauma-sensitive practices. They also avoid retraumatizing children who have been impacted by traumatic stress. A “trauma-informed” process refers to the interventions used to address the needs of children who have experienced ACEs. These interventions can include, for example, direct emotional support, training of teachers and school personnel, or creating a respectful and supportive environment (Phifer & Hull, 2016). Many times, the power of a supportive relationship or connection to a safe adult can mitigate some of the consequences of experiencing an ACE. These practices can allow a school district to understand the impact of trauma on a child and to refer them to appropriate services, as needed.

For more in-depth information about trauma-informed schools:

- See the [Trauma-Sensitive Schools Training Package](#) offered by the National Center on Safe Supportive Learning Environments.
- See the [National Child Traumatic Stress Network](#).

Consultation and Collaboration

As a major part of their role, school social workers must provide consultation and collaboration with staff within the school system (Sabatino, 2016). Consultation and collaboration bring professionals of different disciplines together to begin the problem-solving process by jointly identifying specific problems and then brainstorming solutions and/or strategies designed to reduce or eliminate the problem(s). Thus, the concept of teamwork is imperative in helping all staff be proactive toward helping students to achieve success. By utilizing consultation and collaboration, the team has the potential to affect the entire classroom and/or school building by being a catalyst for improvement. With their knowledge of consultative approaches, school social workers are key team members in this collaborative process.

School social workers are uniquely qualified to consider the student's home life and the potential it may have on social/emotional and educational learning outcomes. Thus, as a mental health professional, the school social worker can help the team consider how factors outside of the student's control may impact their ability to perform during the school day. School social workers should bear in mind, however, that as mental health professionals, the best practice in confidentiality limits the disclosure of personal details when providing consultation to other staff at the school. Certain information about the student may only be shared if an informed consent to release information has been signed by the parent(s)/guardian(s). Brainstorming possible suggestions and/or solutions is the next step. The team should work to cultivate a positive school climate that is conducive to learning and accepting of differences to increase the likelihood that new approaches will be implemented successfully (Kelly, 2015).

Sabatino (2016) provides guidance regarding questions to consider during consultation and collaboration:

- Is the team consulting about a specific student or a classroom need?
- Are consultative services best approached formally or informally?
- Is there a need for a formal referral for services?
- How many times has the team already consulted about this student?
- Does the teacher of the student require any additional support?
- What resources have already been provided? Which have been used?
- Are the consultative services suggestive of Tier I, Tier II, or Tier III approaches?
- Should other members of the school team be involved in any discussion(s)?

Referrals to Outside Agencies

School social workers are mental health providers whose services specifically relate to educational outcome in schools (Constable, 2016). They also provide linkages and referrals to local, state, or federal agencies when students have needs above and beyond the educational setting or when those needs are unrelated to educational functioning. Examples of community-based services could include financial assistance, housing, domestic violence supports, intensive mental health therapy, etc. As mental health

providers, school social workers should be familiar with resources within the communities they serve and maintain a comprehensive database of organizations for such referrals.

Crisis Intervention

Schools need crisis intervention plans that identify what to do in the event of [potentially] harmful situations that require an immediate response (Brock & Jimerson, 2012). Crisis intervention plans reduce disruptions to school functioning, address social/emotional needs of the students and surrounding community members, and assist with a return to pre-crisis levels of functioning. Some examples of the types of situations that may require crisis plans include death of student or staff member, medical emergency on school property, natural disaster, or traumatic situation that involves harm or potential harm to self or others. Schools should identify a crisis team composed of various school-based mental health professional staff (i.e. school social workers, school counselors, school psychologists); employees who are familiar with the functioning of the school (e.g., secretaries, custodians); administrators; and members of community agencies (e.g., police officers, firefighters, etc.), as appropriate. School crisis plans should be reviewed and updated no less than once per year.

It is important to understand that there are many levels to a crisis, ranging from an individual crisis to a schoolwide crisis (Mirabito & Callahan, 2016). As mental health professionals, school social workers may assist the crisis team in understanding the level of the crisis in order to provide the necessary strategies for crisis management. Deciding on the best approach to take during the crisis requires quick and thoughtful assessment by the school social worker (and the entire crisis team). Responses used for crisis management will depend on the level of trauma and how the incident impacts overall school functioning, as well as the way students and staff respond to the initial crisis. When communicating to students about the crisis, it is imperative that crisis team members provide accurate and specific information without dwelling on the traumatic experience (The National Child Traumatic Stress Network [NCTSN], 2014).

The school social worker has the skills and knowledge to manage crisis situations, but (s)he must also be self-aware and reflective to determine if and when to contact additional mental health professionals for professional (and/or personal) support and training purposes (Patterson, 2009). One mental health professional cannot and should not be the sole support during a school-based crisis, and the school social worker must be willing to seek and accept assistance to best support everyone involved with the crisis.

Individual and Group Work

Within best practice models, therapeutic services are goal-oriented, time-specific, and composed of a manageable number of participants (Frey et al., 2012; Kelly, 2016). Approaches to working with individual students in the school setting are similar to working with individuals in any other setting, though the services provided must relate to educational goals, as school social work services are meant to directly relate to the students' success in school. As mental health professionals, school social workers may provide individual and/or group work service delivery by using clinical knowledge to determine which setting would be most beneficial for the student(s) within the educational environment. The use of accurate, timely, and confidential documentation, particularly when recording progress with measurable goals, assists the school social worker in determining whether goals have or have not been achieved. Individual and group work services for all students within the school setting should relate to specific and measurable goals so that the team can know areas of progress and weakness, determine when goals may

be attained, and decide when the student may exit from social work services (Capio, Swanlund, & Kelly, 2016; Kopels, Rich & Massat, 2016).

Individual Behavioral Support

Behavior is, of course, a very broad concept. Behavior, like an academic skill, has to be taught so that it can exist within a learner's behavioral repertoire. Until a specific behavior of the student has been observed in the school environment, it is impossible to know if that behavior is in the learner's behavioral repertoire. Therefore, understanding the impact of behavior in the host setting (school) is important to consider when school social workers are asked to provide behavioral consultations for student problem behaviors, especially if there are social or academic behavior deficits.

Behavioral consultations can take the form of informal conversations with teachers or administrators, informal classroom observations to provide intervention ideas, or a review of classroom and school behavioral data. School social workers may provide behavioral consultation within classroom teams (grade level or special education) or in conjunction with other related service providers for students with special needs. Behavior consultation can also help to develop and implement informal plans for students and data collection of those plans. A behavioral analysis and/or behavioral plan can also be implemented as a targeted Tier II intervention to determine if and what behavioral services could benefit the student(s). A formal behavior plan may be part of an Individualized Education Program (IEP).

The general goal of behavioral approaches and/or interventions within the host setting of a school is to change the behavior, or more specifically, to shape the behavior to one that is pro-social or pro-academic. This idea about "behavior change" was originally identified within the school environment as "behavior modification." Behavior modification has synonymously been used with the term "behavior therapy," though this may be an overgeneralization for a few reasons. First, behavior modification is a behavioral, analytic approach that utilizes both positive and negative reinforcement (Filter & Alvarez, 2012). When using positive reinforcement, something is added to the environment; when using negative reinforcement, something is removed from the environment. The most common example of positive reinforcement is verbal praise given to a child for a correct answer. Yet another example of positive reinforcement would be giving any sort of attention (good or bad) to a student who is having a tantrum. It is positive reinforcement because the attention for the tantrum is added to the environment where it previously did not exist. Negative reinforcement means that behavior is strengthened by stopping, removing, or avoiding a negative stimulus in the environment. For example, taking recess or free time away from a student after disruptive behavior is considered negative reinforcement.

To better understand behavior, it is important to consider the two types of behaviors: "externalizers" (which are overt and observable) and "internalizers" (which are covert and unobservable, such as thinking). Furthermore, all behaviors serve a function, which is essentially to answer the question, "*Why is this behavior occurring?*" Functions of behavior can be categorized as either obtaining (usually accessing either attention or tangible materials/objects) or avoiding/escaping (perhaps avoiding certain people or unfavorable tasks/responsibilities). All behavior is a form of communication and thus all behavior serves one of four functions: access to attention, access to tangibles, escape, or sensory stimulation (Gilmore, 2019). There may be secondary function(s) to behaviors as well, such as sensory/stimulation or social reasonings, etc.

Functional Behavioral Assessment (FBA)

Students may exhibit an array of behaviors, each for various reasons. A Functional Behavioral Assessment (FBA) is an assessment procedure to examine specific behaviors that may be impeding a student's academic and/or behavioral success in the school environment. The goal of an FBA is to gather information about the cause and reasons behind specific behaviors that a student may exhibit. FBAs are generally completed for students whose behaviors may interfere with the learning environment, and school social workers may also want to consider completing a formal or informal FBA with the educational team to determine best intervention techniques for services as well. FBAs may be completed for students during a case study evaluation for special education and/or via Tier II services within general education to learn more about a student's behaviors. (Note: Be sure to receive parental/guardian permission before completing an individualized assessment.) Tier II FBAs are informal and take a shorter length of time. They involve consulting with teachers and team members about behavioral strengths and needs. To conduct a more formal FBA, the team can utilize both indirect (rating scales, checklists, interviews, record reviews) as well as direct (observations, data collection such as scatterplot, narrative A-B-C, structural A-B-C) methods to gather information about the behavior to assist with the development of the Behavioral Intervention Plan [BIP] (Filter & Alvarez, 2012).

See [Chapter 4: Data-Driven Practices within Multi-Tiered Systems of Support](#) for more information about data collection.

Behavioral Intervention Plan (BIP)

It is best practice that BIPs are written and implemented if warranted following the completion of an FBA. BIPs can be written for students in general education through the MTSS/Response to Intervention (RTI) process and/or for students in special education, as needed. See [Chapter 5: Special Education Services](#) for more information about BIPs within special education. In either case, a BIP is a working document outlining the problem behavior, antecedents, consequences, and function of a student's behavior. BIPs also serve as a guide for the next steps in terms of shaping the behavior toward a more pro-academic/pro-social behavior that will meet the student's needs academically and behaviorally and not be a deterrent to the school environment. Every staff member interacting with a student who has a BIP should understand the plan and should be made aware if/when changes are made to the plan.

See [Chapter 5: Special Education Services](#) for more detailed information about behavior, IEPs, functional behavioral assessments, and behavior intervention plans as services within special education.

Advocacy

Historically, school social workers have advocated for the rights of underprivileged and/or underrepresented students and their families; currently, school social workers act as an advocate for all students and families, schools, and the overall community to facilitate change that effectively responds to identified needs (Constable, 2016). School social work mental health professionals strive to empower students, families, educators, and others to gain access to and effectively use school and community resources. Thus, school social workers engage in tasks and activities related to student empowerment and/or decreasing student achievement gap(s).

School social workers possess the skills necessary to facilitate change across systems. They are aware of services and programs within the school system that support student growth and education. Additionally,

school social workers are knowledgeable of both state and federal education and non-education laws that affect children, families, and schools. The role of advocate extends to the community, where the mental health professional seeks and encourages the development of, and access to, both hard and soft services that support students and their families. School social workers are familiar with the available resources and the referral process for local and community agencies that serve students and their families. Furthermore, school social workers may work to address a gap in resources by actively participating in program design and implementation within the school community.

Bringing It All Together

School social workers have background knowledge to utilize mental health approaches across MTSS. While school social workers can and do provide therapeutic interventions via individual and group approaches, they can also work to support teachers in implementing social/emotional learning exercises for a classroom – and/or schoolwide. School social workers may lead the school’s crisis team, utilizing their skills about crisis intervention to support staff, students, and the school community.

School social workers share their expertise and skills, utilizing specific consultative and collaborative techniques with their colleagues. This consultation often takes form during interdisciplinary meetings in which school-based professionals use data-driven decision-making and solution-focused approaches to plan for students across the tiers of support. School social workers are an integral part of this team. The next chapter discusses how and why school social workers use data within their daily work.

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CHAPTER 4

Data-Driven Practices within Multi-Tiered Systems of Support

As explained in Chapter 3, there are a multitude of approaches that school social workers use when supporting students, families, colleagues, and the general school community. At the same time, it is also important to recognize that the field of education has adopted practices and policies to ensure that districts are making informed decisions through the use of their practice data. The overall field of social work may not use data in the same ways as it is expected that schools will; however, school social workers find themselves facing situations in which they must learn how to collect, analyze, and use data alongside their co-workers. For example, students may receive services across “tiers of support”—or via Multi-Tiered Systems of Support (MTSS) based on the progress the data shows about the student. Or, after seeing data about the most prevalent reasons for disciplinary referrals, schools may modify their social/emotional learning curricula to focus on those specific areas of need. School social workers must be able to track students’ progress based on these interventions to then know whether a student may or may not need more individualized support at Tier II or Tier III.

This chapter discusses how data enhances and supports school social work practices. First, there is discussion about the use of data within MTSS. This chapter then provides additional school social work practice areas in which data is essential. This chapter also explains how data can be used to showcase the strong impact that school social work services have within schools while utilizing the approaches outlined in previous chapters.

Evolution of Response to Intervention and MTSS

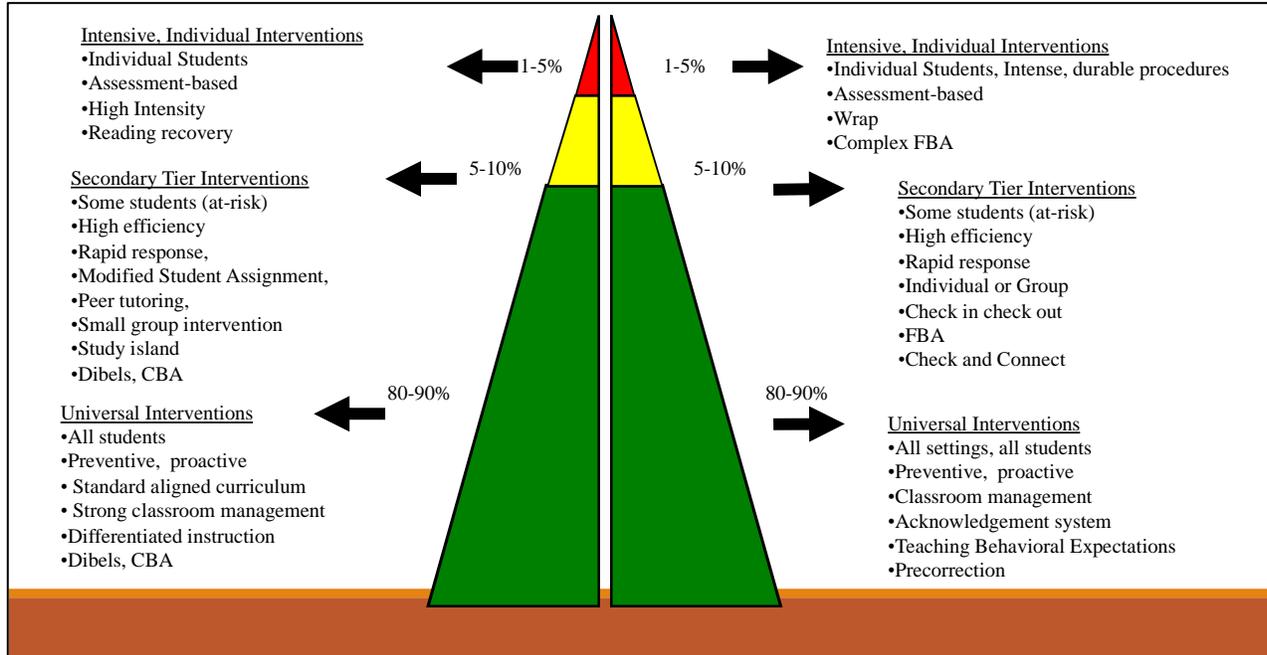
MTSS, Positive Behavioral Interventions and Supports (PBIS), and Response to Intervention (RTI) are sometimes used interchangeably; while there is a lot of overlap, they are different. School social workers are often asked to serve on teams to provide our unique clinical perspective regarding student situations. MTSS refers to the data-driven process that educators use to ensure that students receive differentiated instruction, curricula, and support according to their needs. The three tiers of support, each providing different intensities and frequencies of specific educational practices, are meant to be integrated and fluid to guide professional practices in support of students’ academic and social/emotional growth. (*Visit the [Illinois Multi-Tiered Systems of Support Network](#) for more information.*)

The role of behavioral intervention across the tiers is embedded within MTSS and RTI. The shift in educational philosophy from RTI to MTSS was in part due to the impact of behavior in the educational setting (Averill & Rinaldi, 2011). Early research showed that RTI utilized tiered scaffolding to address behavioral and academic interventions in two separate, tiered silos. Continued studies have shown that academics and behavior directly impact the other and greater gains are made when they are looked at holistically (Averill & Rinaldi, 2011). The change in philosophy about academic and behavioral integration led to the title of Multi-Tiered Systems of Support as a comprehensive modality to address academics and behaviors simultaneously.

Since the inception of MTSS and RTI, the delivery models of school-based services have changed dramatically. School social workers now implement data-informed criteria for provision of social work services. While clinical judgement remains part of evidence-informed practices, it is not sufficient

reasoning for services in the data-driven educational climate. This chapter outlines how and why to use data within school social work practices.

Figure 1.
Multi-Tiered Systems of Support



Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Supports (2019)

Some school districts elect to complete universal screening of the entire student body as part of the MTSS/RTI process to determine social and emotional needs that need to be addressed that would not be identified by student self-report or teacher referral. Universal screening may be incorporated into the MTSS/RTI framework or adopted as an identified tool from a schoolwide needs assessment based on both district and schoolwide data (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).

Students may be provided services or interventions within MTSS. At the universal level, school social workers can co-facilitate social and emotional learning curricula that is embedded within the general education setting. Figure 1 illustrates how universal support targets all students by providing measures that explicitly teach social and emotional skills and behaviors. Universal interventions teach students how to display expected behaviors, facilitate staff to prevent problem behaviors, and positively reinforce desired behaviors (Lindsey, 2016). Differentiated instruction is one approach that can be used at the universal level. As mental health providers, school social workers can also provide consultative or direct supports while utilizing a multitude of practice techniques, such as modeling appropriate social behaviors and providing strategies for responsible conduct.

Tier I: Needs Assessments and School Social Workers

A needs assessment is another example of a Tier I data-based decision-making approach that is used to identify priority areas for school social work services and how to address them (Bleyer & Joiner, 2016). It

requires systematically collecting data to identify vulnerable student groups, available community resources, and gaps in services. The first step is to decide what information is required and what are the best sources of information. The second step is to collect the information and then analyze it for common themes and patterns. The third step is to summarize and share the information with school administrators, teachers, parents, and community members. Needs assessments are one strategy that school social workers can use to determine which MTSS components are sufficient and which need to be strengthened to support students.

School social workers play a key role in the identification of student, school, and community needs (Bleyer & Joiner, 2016). They are in a position to identify unmet needs, gaps in the service delivery system, and educational policies that operate to exclude and/or isolate a particular group(s) of students from making the best use of what the school has to offer through the use of a needs assessment. By using the systems perspective versus focusing on individual cases in isolation, school social workers can identify and influence pervasive issues that negatively impact student success.

Tier II: Short-term Interventions

Data-driven identification processes allow for Tier II supports to focus on interventions for specific students who may need enhanced academic and/or behavioral support(s). The use of data-driven decision-making allows school social workers a more objective approach to determining which students should receive this targeted support. As can be seen in Figure 1 (page 32), Tier II interventions are typically in the form of small groups of students and provide a rapid response to targeted behaviors.

School social workers may collect and utilize data that shows which students can benefit from certain interventions. Students who need additional support may exhibit externalizing and internalizing behaviors, such as school refusal, classroom disruption, tardiness, and truancy (Lindsey, 2016). This means that the data provides the evidence regarding which students belong within certain small group interventions. It is important to look at the data to determine which needs are more prominent than others (rather than, for example, placing a student in any available group just to receive an intervention). Data allows for more accurate interpretation, rather than simply selecting students' needs based on anecdotal knowledge. Data-driven practices are essential to school social work services, but social workers, working as mental health clinicians, should also remember that clinical judgment should remain part of the evidence-based process; this means that student/family culture and values should be part of the discussion surrounding the data evidence (Kressler et al., 2020).

Interventions at this level should be monitored with pre- and post-data. Tier II interventions are meant to be short-term (usually about 8-12 weeks depending on need, intensity of intervention, and other factors). To determine whether the intervention is adequate, school social workers should collect data, including pre- and post-data in addition to progress monitoring when possible (Harkin et al., 2016). This means that Tier II services should have an identified goal that students are attempting to meet in order to know whether a student is advancing in the specific area of need. This data collected via Tier II services can be used to determine if/when a student is ready to exit Tier II or may need more intensive, individualized supports at Tier III.

Data may be collected via use of formal and/or informal rating scales, student self-reports, and teacher report(s) that allow for objective statements, behavioral data, disciplinary data, and academic data. PBIS as well as other organizations, such as the Collaborative for Academic, Social, and Emotional Learning (CASEL) and SAMHSA, provide lists of interventions that can be implemented at the Tier II level.

Visit the [Center for Evidence-Based Youth Mental Health Measurement Tools](#) for more tools and resources to aid in data collection.

Tier III: Intensive Interventions

Tier III interventions are designed for students with intensive academic and/or behavioral needs that require comprehensive individualized plans to reach their fullest potential (Lindsey, 2016). Figure 1 (page 32) illustrates individualized interventions at Tier III. As mental health providers, school social workers may provide direct services to students who require intensive interventions – and they should use data to monitor student progress and needs. Additionally, school social workers can assist in the development of an intervention plan to address the individual needs of students. Interventions should be meaningful, purposeful, and consistent for students to demonstrate growth. This means that all service delivery is related to specific goals created for the individual student; then, the school social worker uses the best therapeutic and/or psychoeducational approach(es) for the specific student. It is important to consider that the latter end of Tier II or Tier III services may require a Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) if/when the student exhibits maladaptive behaviors for school success.

Under the umbrella of special education, interventions assist in addressing social and emotional deficits from a micro level, individually or in small group sessions. School social workers utilize evidence-based curricula to facilitate positive behaviors and functions across all school settings (Johnson & McKay-Jackson, 2017). The focus of services is to provide students with effective skills and strategies that lead to improved academic outcomes. At Tier III, it is imperative that school social workers utilize a variety of intervention strategies that support and enhance the student's educational and social/emotional development.

An important consideration is that a direct intervention with a student at the Tier II or Tier III level requires that the school social worker (SSW) collect pre-observation data to assess the needs of the student and establish a baseline for services (Capiro et al., 2016). The overarching expectation is that after receiving tiered supports, the student will be able to reintegrate back to the general education (Tier I and/or Tier II) setting without the supplemental school social work services. Prior to terminating any Tier II or III intervention(s), the SSW should obtain data as evidence to demonstrate progress the student has made. This data should be maintained as part of the student's files to use in potential future decision-making and/or problem-solving meetings as well.

Data Collection

There are various ways to collect data. The use of technology is often helpful, as frequencies, time studies, rating scales, and other information can be recorded and analyzed via a centralized location (Ward et al., 2018). Assessment tools should be aligned with social/emotional competencies and learning standards (Taylor et al., 2018). The MTSS framework provides educators the guidelines to make data-based decisions when determining entrance and exit criteria for students receiving differentiated interventions and supports. School social workers must be familiar with schoolwide decision-making systems and the interpretation of how school districts are using various frameworks (i.e. PBIS, RTI, and MTSS) to assist in supporting students academically and behaviorally.

School social workers should determine their effectiveness as clinicians for their students and overall school (i.e. prove their worth in the building). Gathering critical data in a systematic fashion is one

essential technique to doing so. Data forms the basis to evaluate the effectiveness of interventions provided by the school social worker as well as assess whether different/modified interventions would be better. By evaluating their practice, school social workers can demonstrate how their work impacts students and contributes to the academic success of the students with whom they interact. One obvious reason that school social workers do not evaluate the outcomes of their intervention is most simply a lack of time (Kelly et al., 2016). High caseloads, crisis interventions, and other time demands often prevent systemic evaluation from occurring. Nevertheless, evaluating practice is an ethical obligation as well as a way to demonstrate effectiveness and worthiness to administrators, parents and the school community.

Evidence-based Programming

An “evidence-based” treatment program is one in which valid and unbiased research demonstrates the fidelity of the treatment approach (Kelly, 2016). Similarly, utilizing an evidence-based process means that school social workers collect data to determine best practice approach(es) to use with students. Sometimes, this practice approach would include using a specific evidence-based program (or curriculum), which could provide specific treatment models/techniques and lesson plans. Other times, school social workers could use data to demonstrate how their services are affecting students, with or without a specific evidence-based treatment program.

School social workers should not blindly accept that any program is “evidence-based” if it claims to be. When determining the fidelity of the evidence of a program, there is a continuum of levels of evidence to assess (Puddy & Wilkins, 2011):

- The highest level of evidence is *well supported*. This applies to curricula that has been studied by external investigators and has a pool of unbiased data that proves the extent of its effectiveness. This means that the program has been well vetted by researchers who have no affiliation or personal connection to the program – and the results are positive.
- The next highest level includes *promising practices*. These programs have been researched and found to have some evidence that they work, including information from people who have successfully implemented them.
- The least effective programs are *unsupported* or *harmful* and result in poor outcomes.

While it is important to consider the level of evidence when selecting interventions, school social workers should also assess contextual factors. These contextual factors may include feasibility (Are there sufficient resources to implement the program?), acceptability (Is it a good fit for *my* school?), and utility (Will it benefit *my* students?). Evidence-based programs and approaches are critical components of how school social workers provide high-quality services to students.

In addition to knowing the research evidence behind a specific intervention, school social workers should collect baseline data prior to services as well as progress monitoring data throughout the duration of intervention. This data (called “practice-based data” because it comes from the school social work practice) should be used even if a program is *well supported* in its evidence. Each student is unique, and even *well-supported* evidence-based intervention programs may not work for every student as it claims. The school social worker’s use of data will help to ensure that the program is either 1) doing what it is supposed to do, and/or 2) not working as intended, requiring the school social worker to adapt and/or

change the program. Social/emotional learning competencies can be used as benchmarks for progress monitoring of students who receive evidence-based programs.

There are a variety of data collection methods that can be used, including social/emotional learning assessment tools, curriculum-based measurement, direct behavior rating scales, single subject design, and pre-/post-tests (McLane, n.d.; Wong, 2010; Miller et al., 2017). Technology tools, such as [Google Forms](#) and [ClassDojo](#) are helpful for data collection (Colindres, 2018):

- [Google Forms](#) can be used to create rating scales for teachers and parents to assess social/emotional learning progress of students.
- [ClassDojo](#) is a free communication platform used by K-8 teachers (and even some 9-12 teachers!) to share information about their classrooms and students' progress. School social workers can ask teachers to share their [ClassDojo](#) accounts to help identify behavior patterns, skill acquisition, and data collection for functional behavior assessments.

Below is a list of additional resources for data collection and evidence-based treatment programs:

- [Collaborative for Academic and Social Emotional Learning \(CASEL\)](#)
- U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) [Evidence-Based Practices Resource Center](#)
- [Stop, Think, and Act: Ready to Assess toolkit](#) on social and emotional development
- [Tool for finding assessments measuring social, emotional, and academic competencies](#)

See <https://youthmentalhealth.missouri.edu/MeasurementTools.html> for additional resources to assist in data collection for school social workers.

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CHAPTER 5

Special Education Services

School social workers are part of the evaluation team for special education services. A full, individualized evaluation is conducted for each student considered for special education and related services. The overall purpose of an evaluation is to determine the following:

- Whether the student has one or more disabilities.
- The present levels of academic achievement and functional performance of the student.
- Whether the disability is adversely affecting the student's education.
- Whether the student needs specially designed instruction and related services.

School social work mental health professionals complete the Social Developmental Study (SDS), which is part of an Initial and Re-Evaluation, and helps to inform the consideration for special education and related services when the social and emotional status is relevant within the evaluation. A Social Developmental Study should provide a complete picture of the child, connecting information from the home and school environments.

The Social Developmental Study (SDS)

The SDS is a written assessment traditionally completed by the school social worker that assists the multidisciplinary team in addressing the student's present levels of performance from ecological, academic, and social/emotional perspectives. As a mental health provider, the school social worker should use a strengths-based approach to evaluate the student within the school, home, and community contexts, and then make recommendations that are consistent with supporting the student's access to the general education curriculum.

The SDS must be completed for 1) an Initial Evaluation, 2) a Triennial Re-Evaluation, completed or reviewed every three years to update the assessment with existing information about the student, as well as to review progress; and 3) a Special Re-Evaluation, completed when new information exists about the student prior to the Triennial Re-evaluation.

Information included in each type of the aforementioned evaluations must be comprehensive, thorough, devoid of educational jargon or language that may not be readily understood by parents/guardians and be educationally relevant. It has been recommended to use subheadings, which help readers understand the clinician's assessment with flow and ease (Chicago Public Schools, 2016). The content in the SDS should emphasize both qualitative and quantitative data to create a holistic portrait of the student by identifying strengths, academic and adaptive abilities, skill sets, and manifestation of any concerning behavior(s) in terms of frequency, duration, and/or intensity.

Sources from which data may be obtained to write the SDS:

- Parent/guardian interview
- Student interview
- Observations of the student

- Teacher (and other staff) interviews
- Record review
- Data collection tool(s) and/or social/emotional rating scale(s)

See additional information below for ideas about how to obtain best information from each source. See [Center for Evidence-Based Youth Mental Health Measurement Tools](#) for information about specific data collection tools and scales.

Parent Consents to Evaluation/Re-Evaluation

After the parent/guardian grants consent for the evaluation, the school social worker should contact them (recommended within 10 days) to schedule a parent interview, an essential component of the Social Developmental Study. As a mental health clinician, the school social worker should consider how to best create a safe and welcoming environment for this interview. Before beginning the interview, the school social worker should discuss the purpose of the assessment and the comprehensive content of this specific part of the evaluation (which, in addition to the parent interview, may include student interview, student observation(s), teacher interview(s), and a review of the student's records).

(Note: The following sections provide exemplar questions as possible ways to lead the interview, though these questions are examples only; the interview lists are not exhaustive. As mental health providers, school social workers should use their clinical judgment when conducting interviews for the SDS.)

Parent/Guardian Interview

The parent/guardian interview begins with the holistic view of the student in relation to the environment. The following information may be asked of parents/guardians. The interview questions should be consistent with hopes and concerns the parent/guardian has for their student's social, emotional, and academic performance.

- Seek the parent/guardian's perception or understanding of the area of concern(s), what is or is not working, and any efforts taken to address the area of concern(s).
- Understand the parent/guardian's attitude toward their student's experiences in school, at home, and in the community.
- Assess the student's developmental history, family history, and family relationships/dynamics. Consider the parent/guardian's level of education, employment status, and financial concerns that may be impacting family dynamics. Include an assessment about history of traumatic events.
- Consider the information included on the referral and ask questions that are relevant to what has been reported about the student's current level of performance across academic settings.
- Identify barriers that may impact a student's experiences in school and community settings, such as absenteeism, poor achievement, etc.
- Identify protective factors that set the student up for success.
- Obtain information that determines how the student's cultural background and/or language affects the student's ability to function in school and access the curriculum.
- Consider the primary language of the family spoken in the home environment, socioeconomic status, race/ethnicity, religious beliefs and/or participation in religious activities, and family values/customs/attitudes that are instilled in the student.
- Identify how the student behavior is consistent/inconsistent with cultural/family expectations.

Student Interview

The information obtained from students should be age-appropriate, educationally relevant, and consistent with assessing both the student's strengths and areas of need. The school social work mental health professional works to:

- Obtain the student's perception or understanding of the area of concern(s) and what is or is not working.
- Understand the student's attitude toward school, peers, school expectations, family relationships.
- Assess how the student interacts with adults and peers and manages his/her emotions.
- Assess the student's skill set, interests, activities, strengths, areas of concentration, and subjects liked or disliked. Determine interests and motivators for the student.
- Assess how trauma may influence student's feelings, perceptions, behaviors, etc. in relation to educational functioning.
- Document participation in extracurricular activities or community programs.
- Inquire about future aspirations and goals, such as what they want to be as an adult, what they would do with three wishes, etc.

Teacher Interview

The teacher should describe the student's strengths and effective strategies that have been successful in supporting the student's social, emotional, and academic needs, including:

- Student's current level of academic performance in core subjects, as well as classwork and homework completion.
- Student's level of attention, participation, and engagement during small and whole group instruction and classroom activities. This information should be provided in comparison to a "typical" peer.

The school social work mental health clinician works to:

- Obtain the teacher's perception of the area of concern(s) in specific and concrete terms, as well as attempted interventions and results.
- Identify any social and/or emotional concerns, such as low self-esteem, lack of motivation, tantrums, anxiety, frustration, etc., and the manifestation of the behaviors in terms of frequency, duration, and intensity.
- Gather more than one teacher perspective. It is recommended to speak to teachers from various subject areas to understand whether behaviors/areas of concern/strengths are consistent (or not) across multiple environments.

Student Observation(s)

Observations should be completed in multiple settings and across various times of the day. The school social work mental health clinician works to:

- Complete observations in both structured settings (e.g., classroom or academic group) and unstructured settings (e.g., lunch or recess).

- Complete observations both in the morning and afternoon.
- Complete the observation with a data collection tool and/or in narrative form on which the mental health professional precisely documents what is seen and heard.
- Indicate the length of the observation and the number of students present.
- Identify the lesson or activity that was taking place at the time of the observation.
- Describe the student's level of engagement and attending skills. It is recommended that data collection tools be used for this part of the observation.
- All observation data should be collected and understood in comparison to other students in the class to best determine and demonstrate potential discrepancies and/or similarities.

Record Review for an Initial Evaluation

The school social worker should complete a unique review of student records. While other professionals on the interdisciplinary team may also complete a review of records, the school social work mental health professional has a unique perspective of the information to be reviewed and can come to particular conclusions about the student's functioning based on mental health and social work perspective(s). Therefore, the review of student records completed by the school social work mental health professional should include:

- Student's academic history, including any existing information about the student's attendance, grades, social/emotional, and/or academic interventions previously implemented, and the student's response(s) to previously implemented interventions.
- Teachers' anecdotal record of social/emotional and/or behavior concerns.
- Any outside support parents previously pursued, such as tutoring or independent academic testing.
- Response to Intervention (RTI) and/or Multi-Tiered System of Supports (MTSS) data.
- Incident reports and/or disciplinary files.

Record Review for Re-evaluations

The school social work mental health professional should:

- Update student's information from the initial evaluation documentation.
- Review student's special education history, including previous evaluations and results, Individualized Education Programs (IEPs) and/or related services.
- Reflect on school social work services provided over the last three years and the student's overall progress made toward goal attainment.
- If a Functional Behavioral Assessment (FBA)/Behavioral Intervention Plan (BIP) exists, data and information should be reported on the strategies and interventions designed to address the target behavior.
- With signed consent, review any potential records received from outside agencies, mental health services, other related supports, etc.

Adaptive Behavior Assessment

The school social work mental health professional works to:

- Obtain information about the student within the home, school, and community contexts, as well as the student’s self-help skills and adaptive behaviors compared to same-aged peers.
- Consider administering an adaptive behavior rating scale that assesses perceptual-motor, communication, daily living skills, socialization, application of academic principles both inside and outside the school environment, and personal responsibilities.
- Interpret results from any administered rating scale to acknowledge the potential positive and/or negative correlation between multiple raters’ results, observation(s) of the student, self-reports, etc., knowing that raw data is not considered a report in and of itself, rather part of the compilation of information for analysis.

See the [Center for Evidence-Based Youth Mental Health](#) for a list of possible screeners and assessments to use within evaluations.

Recommendations and Summary

- At the conclusion of the report, the school social work mental health professional should summarize the information and provide recommendations that can be used by school personnel to support the student’s educational experience regardless of whether the conference subsequently determines the student eligible for special education and/or related services.
- Suggestions should be based on the individual student needs and services rather than disability classification or placement options.
- The writer should avoid drawing conclusions regarding eligibility for special education and related services directly within the written report. That is always a team decision, made at the IEP meeting.

**Below is a checklist that can help identify the content to be included for either an Initial Evaluation and/or Re-Evaluation.*

Best Practices Social Assessment Checklist for School Social Workers (Chicago Public Schools, 2016)

	Initial	Re-eval
Record Review: RTI data, school history, attendance, behavioral anecdotes, incident reports, discipline referrals, social work interventions, recent grades, reason for referral.	X	X
Record Review: Special education history, including evaluations and results, IEPs and services, social work services and results (include type of service, direct/indirect; goal and progress made toward goal). **For an Initial, record review should include any existing information about the student’s attendance, grades, interventions implemented and student’s response, teacher’s anecdotal record of behavior concerns, any outside support parents might have pursued, such as tutoring or independent academic testing.	**	X

Student Observation: Complete observations in structured (e.g., classroom or academic group) and unstructured (e.g., lunch or recess) settings; indicate the length of the observation; the number of students present; the lesson or activity that was in place at the time of the observation; describe the student's level of engagement and attending skills in comparison to other students in the class. <i>See Chapter 4: Data-Driven Practices within Multi-Tiered Systems of Support about data collection. See Center for Evidence-Based Youth Mental Health for example observational behaviors.</i>	X	X
Teacher/Staff Interview: Include how student is currently doing in the classroom, academic levels, social interactions, participation, behavioral concerns, frequency of behaviors, social/emotional interventions and effectiveness.	X	X
Student Interview: Obtain the student's perception or understanding of the area of concern(s); understand student's attitude toward school, peers, school expectations, family relationships; student should be asked questions that are age-appropriate, educationally relevant, and consistent with assessing the student's strengths and areas of need.	X	X
Data Collection: Use at least one form. <i>See Chapter 4: Data-Driven Practices within Multi-Tiered Systems of Support for more information about data collection.</i>	X	X
Parent/Student Perception of Problem/Concerns	X	
Current Parent Concerns and Satisfaction of IEP Services		X
Pregnancy, Delivery, Developmental Milestones, Early Childhood Information, Family Medical History	X	
Family Dynamics: Parental history (where they were born, age, highest level of education, ethnic heritage, language, religion, marital status, etc.); List of all individuals living in the home; their relation to student being evaluated, age, and school/employment status; rules and relationships among family members; forms of discipline.	X	
Current Family Dynamics: Who is living in the home, employment status and/or school status, any changes within the past three years with family dynamics, current family relationships.		X
Adaptive Behavior/Self-help Skills (current): Dressing, bathing, feeding, cooking, social interactions, communication skills, health, medication, sleeping/eating habits, awareness of safety, ability to navigate the community. <i>(*Assess all three domains: Social, Communication, and Independent Functioning.)</i>	X	X
Recommendations: Review concerns/issues discussed throughout the assessment that are directly impacting academic progress (if any). Include strategies/accommodations that can be implemented by any adult working with the student; any parent referral(s) for outside services should be specific to the areas of concern. Indicate whether the student would benefit from social/emotional support.	X	X

<p>Summary: Include brief overview of assessment, including key points reported. Indicate whether the student needs social/emotional support(s). Summary should not include novel information not otherwise stated in the primary sections of the assessment.</p>	X	X
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Individualized Education Program (IEP)

An IEP is a plan that describes the special education instruction, supports, and services that students with disabilities are legally entitled to receive based on their eligibility. School staff members, the student’s parents/guardians, and, when appropriate, the student themselves develop an IEP. The student’s needs, age, federal laws, and state laws determine the required contents of an IEP. *(Here is [guidance](#) regarding IEPs from the Illinois State Board of Education.)*

Goals and Objectives/Benchmarks

Goals and Objectives/Benchmarks are completed for initial IEPs, annual reviews, and/or if the multi-disciplinary team amends or adds to the annual goals and objectives/benchmarks. They are designed to meet the child’s needs that result from the child’s disability. Within a trauma-informed lens, goals may also address how the student understands and/or reacts to previous traumatic events within the educational setting (Federation for Children with Special Needs, n.d.). Goals should be written in the Short, Measurable, Attainable, Realistic, and Timely (SMART) format and be consistent with the description of the target behavior described in the “Functional Performance” section. They should show alignment to the *Illinois Social/Emotional Learning Standards*. Goals and Objectives/Benchmarks should be stated in clear, concrete terms that are understandable to *all* IEP team participants.

Termination of School Social Work Services

The initial evaluation for school social work services is a process that essentially begins with the end in mind. Therefore, the ultimate goal is for the student to be able to access the curriculum in the general education setting without the need for social work/mental health services. The initial evaluative data should provide a clear understanding of the student’s strengths and areas of concern; interests; and present social, emotional, and academic performance. The process to determine whether a student is ready to exit from services includes an age-appropriate assessment to address (Kopels, Rich, & Massat, 2016):

- Whether the student’s primary disability no longer has an adverse impact on the student’s educational performance.
- Whether the student has demonstrated achievement with goal attainment.
- Reasons for dismissal have been documented (i.e., data has been consistently obtained to track the student’s progress throughout service delivery).
- The IEP team is in agreement with any decision pertaining to dismissal of services.

It is a success when data shows a student can exit services, as this means that the student has shown progress and improvement.

Transition Services

Transition is a process addressed by the IEP team and is geared toward linking students and families to postsecondary services. (These services may include, for example, counseling and guidance, vocational and other training services, transportation, deaf/hard of hearing services, assistive technology, etc.) The team should use age-appropriate assessments to write measurable postsecondary goals that support the student's success toward "adult" outcomes. Based on the results of these assessments, the student's goals should maintain expectations to achieve a quality of life within the family, school, and community context after graduation.

According to federal regulations [34 CFR §300.43(a)], "Transition services" means a coordinated set of activities for a child with a disability that:

(1) Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;

(2) Is based on the individual child's needs, considering the child's strengths, preferences, and interests; and includes—

(i) Instruction;

(ii) Related services;

(iii) Community experiences;

(iv) The development of employment and other post-school adult living objectives; and

(v) If appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

Per the section of the Illinois School Code that addresses transition services [105 ILCS 5/14-8.03] (from Ch. 122, par. 14-8.03):

(a-5) Beginning no later than the first individualized education plan (IEP) in effect when the child turns 14½ (or younger if determined appropriate by the IEP team), and updated annually thereafter, the IEP must include (i) measurable post-secondary goals based upon age-appropriate transition assessments and other information available regarding the student that are related to training, education, employment, and independent living skills and (ii) the transition services needed to assist the student in reaching those goals, including courses of study.

(b) Transition planning must be conducted as part of the IEP process and must be governed by the procedures applicable to the development, review, and revision of the IEP, including notices to the parents and student, parent and student participation, and annual review. To appropriately assess and develop IEP transition goals and transition services for a child with a disability, additional participants may be necessary and may be invited by the school district, parent, or student to participate in the transition planning process. Additional participants may include without limitation a representative from the Department of Human Services or another State agency, a case coordinator, or persons representing other public or community agencies or services, such as adult service providers or public community colleges. The IEP shall identify each person responsible for coordinating and delivering transition services. If the IEP team determines that the student requires transition services from a public or private entity outside of the school district, the IEP team shall identify potential outside resources, assign one or more IEP team members to contact the appropriate outside entities, make the necessary referrals, provide any

information and documents necessary to complete the referral, follow up with the entity to ensure that the student has been successfully linked to the entity, and monitor the student's progress to determine if the student's IEP transition goals and benchmarks are being met. The student's IEP shall indicate one or more specific time periods during the school year when the IEP team shall review the services provided by an outside entity and the student's progress in such activities.

(c) A school district shall submit annually a summary of each eligible student's IEP transition goals and transition services resulting from the IEP Team meeting to the appropriate local Transition Planning Committee. If students with disabilities who are ineligible for special education services request transition services, local public school districts shall assist those students by identifying post-secondary school goals, delivering appropriate education services, and coordinating with other agencies and services for assistance.

For students who fall under the category of developmentally disabled and who may become eligible for the Home-Based Support Services Program after age 18, it is important to link students and their families with the [Illinois Division of Rehabilitation Services](#).

Social work mental health clinicians play a crucial role in linking students and families to after-graduation resources and services. School social workers can link students and families to resources, such as the [Illinois Prioritization for Urgency of Need for Services \(PUNS\)](#).

Additionally, school social workers can write, consult, collaborate, and implement transition goals for IEPs. As noted in the Illinois School Code (page 46), postsecondary goals are related to the following areas: education, employment, and independent living skills; these are all areas to which social/emotional goals may be aligned.

Visit the [Illinois Department of Human Services' Division of Developmental Disabilities](#) for more information. Call 1-888-337-5267 or 1-866-376-8446 (TTY) to find the Pre-Admission Screening/Independent Service Coordination Agency in your area.

You can also visit <https://www2.illinois.gov/sites/dd/Pages/HowCanWeHelp.aspx> for information about the Division of Developmental Disabilities.

The Illinois State Board of Education has the following resources available:

- [Postsecondary Transition](#)
- [The Parent Guide](#) (See page 64 for chapter on Postsecondary Transition.)

Functional Behavioral Assessments within Special Education

An FBA is an assessment procedure to a target behavior that is impeding a student's academic and/or behavioral success in the school environment. The goal of an FBA is to gather information to be utilized to develop a BIP. An FBA can be completed within any tier of support via MTSS/RTI.

See [Chapter 3: Approaches to Service Delivery](#) for information about FBAs within general education and MTSS.

When assessing for special education services, an initial BIP for a student cannot be developed without completing an FBA. There must be signed consent from the parent/guardian before a Functional Behavior Assessment for a student in either general education or special education can be completed. Functional Behavioral Assessments are completed for students in special education when warranted based on student behavior(s) during a case evaluation and/or when an IEP is not meeting the student's needs (e.g., a student develops new behavior that the current IEP or BIP is not addressing). It also may be warranted when a Manifestation Determination meeting reveals a student's behavior is due to the student's disability.

An FBA should be conducted by a qualified staff member, which includes a school social worker, for a student in general education who exhibits behaviors that interfere with the student's educational achievement in order to develop appropriate individualized evidence-based behavioral interventions for the student, or for a student whose current evidence-based behavioral interventions are not achieving the desired goals after a reasonable period of time (Lewis, et al., 2015). To conduct an FBA, the team can utilize both indirect (rating scales, checklists, interviews, record reviews) as well as direct (observations, data collection such as scatterplot, narrative A-B-C, structural A-B-C) methods to gather information about the behavior to assist with the development of the BIP (Lewis, et al., 2015).

Behavioral Intervention Plans within Special Education

The BIP is essentially a working document outlining a student's problem behavior, antecedents, consequences, and function of the behavior. BIPs also serve as a guide for what are the next steps in terms of shaping the behavior toward a more pro-academic/pro-social behavior that will meet the student's needs academically and behaviorally, and not be a deterrent to the school environment. Every staff member interacting with a student who has a BIP should understand the plan and should be made aware if/when changes are made to the plan (Scott, Anderson & Spaulding, 2008).

Within special education services, BIPs are formed following the completion of an FBA. BIPs can be written for students in general education through the MTSS/RTI process, and/or for students in special education as warranted per outcomes of the FBA. See [Chapter 3: Approaches to Service Delivery](#) for more information regarding BIPs in general education. Within special education, BIPs should be updated during annual reviews; an FBA should be completed for all re-evaluations to determine if there is still a need for a BIP and/or whether the current BIP meets the student's current needs. The FBA and BIP should be developed by the educational team. (The IEP team should develop FBAs/BIPs when completed within special education.)

Some school social workers and IEP teams are unsure whether a BIP must be implemented for a student qualifying for special education services under the category of "Emotional Disturbance (ED)." The Individuals with Disabilities Education Act (IDEA) definition of ED includes, among other characteristics, "inappropriate types of behavior or feelings under normal circumstances," so IDEA clearly contemplates that some students qualifying under ED may require BIPs. However, some students qualifying for special education services under ED may not require BIPs. For example, under the definition of ED, a child with an ED may manifest "a general pervasive mood of unhappiness or depression" that affects her/his ability to learn. In order to reach potential within the school setting, that student may need certain social work and other services -- but perhaps not a BIP.

Third-Party Billing

In Illinois, Medicaid pays for some of the costs of direct, medically necessary related services that fall under the category of School Based Health Services (SBHS). To qualify for Medicaid reimbursement, the related services must be provided to Medicaid-eligible children with disabilities who receive special education and related services under an IEP in accordance with the IDEA. School social work services qualify for payment under SBHS. The Medicaid program is administered by the Illinois Department of Healthcare and Family Services (DHFS). The payment rates for IDEA related services included under SBHS are established by DHFS.

It is the responsibility of the school social worker to document school-based mental health services provided to students who have IEPs, including the date of service, procedure codes, duration of the service, and diagnostic codes. Each school district has cost-based rates per service category, and all qualified practitioners under each category are reimbursed the same amount regardless of licensure.

For more information, see the [Healthcare and Family Services Provider Handbook](#). Refer to Section U-210.11 for information about the professional qualifications for social work services in schools.

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CHAPTER 6

LEGISLATION

In order to best serve students, school social workers should be familiar with various laws and regulations at the federal and state level. The school social worker may be the only licensed mental health professional in the school setting with an understanding of the practical interrelationships of these laws and requirements. The *National Association of Social Workers (NASW) Standards for School Social Work Services* can further serve as a guide to identify the professional and ethical responsibility to maintain current knowledge of the laws and regulations influencing social work practice decisions.

In addition to the theoretical knowledge required of a competent school social work mental health professional, it is essential that laws, policies, and procedures for schools be understood and followed. For optimal job functioning as a mental health professional in the school setting, it is expected that school social workers will have knowledge and understanding of federal laws, such as the Individuals with Disabilities Education Act (IDEA) [20 U.S.C. 1400 et seq.]; Americans with Disabilities Act (ADA) [42 U.S.C. 12111 et seq.]; Family Educational Rights and Privacy Act (FERPA) [20 U.S.C. 1232g]; Rehabilitation Act of 1973 (often referred to as Section 504) [29 U.S.C. 791 et seq.], and other legislation. Knowledge of Illinois state laws, such as the Illinois Mental Health and Developmental Disabilities Act (405 ILCS 5/et seq.); the Illinois Children's Mental Health Act (325 ILCS 49/et seq.); the Abused and Neglected Child Reporting Act (325 ILCS et/seq.); the Illinois School Student Records Act (105 ILCS 10/et seq.); and the Illinois School Code (105 ILCS 5/et seq.), is also necessary for school social workers to perform their duties effectively in the school setting.

This section includes brief summaries of and links to further information regarding the following legislation and policies:

- Abused and Neglected Child Reporting Act
- The Americans with Disabilities Act (ADA) of 1990
- Ann Marie's Law
- The Children's Mental Health Act of 2003
- Confidentiality of Substance Use Disorder Patient Records
- Erin's Law
- Every Student Succeeds Act (ESSA)
- The Family Educational Rights and Privacy Act (FERPA)
- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Illinois Administrative Code (IAC)-Title 23
- Illinois Mental Health and Developmental Disabilities Code
- Illinois School Code
- Illinois School Student Records Act (ISSRA)
- The Individuals with Disabilities Education Act (IDEA/IDEIA)
- The McKinney-Vento Homeless Education Assistance Improvement Act of 2001
- Section 504 of the Rehabilitation Act of 1973

Abused and Neglected Child Reporting Act (325 ILCS 5/et seq.)

The [Abused and Neglected Child Reporting Act](#) is a state law intended to protect the health, safety, and best interests of the child in all situations in which the child is vulnerable to child abuse or neglect. The legislation requires the Illinois Department of Children and Family Services (DCFS), upon receiving reports made under this Act, to offer protective services to prevent further harm to the child and to other children in the same environment or family, to stabilize the home environment, and to preserve family life whenever possible. The Act also provides for the reporting and investigation of abuse and neglect for children attending day care centers, schools, or religious activities; in public or private residential agencies or institutions serving children; or when in contact with adults responsible for the welfare of the child at that time.

The Act describes the individuals required to report suspected abuse or neglect (i.e., mandated reporters) and addresses the privileged quality of these communications. Mandated reporters include social workers, school administrators, and both certified and non-certified school employees.

The [Manual for Mandated Reporters](#) is an informational guide produced by DCFS for professionals with the legal responsibility to report suspected child abuse and neglect. DCFS also provides [online training](#) for mandated reporters.

School social workers (and all mandated reporters within schools) are required to submit a completed Written Confirmation of Suspected Child Abuse/Neglect Report ([CANTS 5 Form](#)) after calling the DCFS hotline at 1-800-25-ABUSE to report suspected child abuse and neglect.

The Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.)

The [Americans with Disabilities Act](#) (ADA) of 1990, which was amended in 2008, is a federal law that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life - to enjoy employment opportunities, to purchase goods and services, and to participate in state and local government programs and services. Modeled after the Civil Rights Act of 1964, which prohibits discrimination due to race, color, religion, sex, or national origin, and Section 504 of the Rehabilitation Act of 1973, the ADA is an "equal opportunity" law for people with disabilities.

The ADA, which is enforced by the U.S. Department of Justice, requires that public entities shall operate each service, program, or activity so that it is accessible to, and usable by, individuals with disabilities. The ADA defines an individual with a disability as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Ann Marie's Law (105 ILCS 5/2-3.166)

[Ann Marie's Law](#) is a state law requiring the Illinois State Board of Education (ISBE) to develop a model youth suicide awareness and prevention policy, and to publicly post those materials. ISBE has compiled [resources](#) pertaining to the law.

The Children’s Mental Health Act of 2003 (45 ILCS 49/et seq.)

The [Children’s Mental Health Act of 2003](#) is a state law with short- and long-term recommendations for providing comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth through age 18. This law was enacted to address the need for a comprehensive approach to meeting children’s mental health needs, recognizing that children’s social and emotional development significantly impact school readiness and academic success. The Act created the Children’s Mental Health Partnership to develop and monitor the implementation of a Children’s Mental Health Plan approved by the Governor.

School districts are required to establish a policy for incorporating social and emotional development into the district’s educational program. The policy must also provide a protocol for responding when children experience social, emotional, or mental health problems.

The Act also required ISBE to incorporate [Social/Emotional Learning Standards](#) into the [Illinois Learning Standards](#). These standards can serve as a reference for planning interventions for all students as well as developing annual goals as part of an Individualized Education Program (IEP).

Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)

[Confidentiality of Substance Use Disorder Patient Records](#) is a federal regulation that governs confidentiality for individuals (including minors) seeking treatment for substance use disorders from federally assisted programs. The regulation generally requires a federally assisted substance use program to have a patient’s consent before releasing information to others. The regulation requires the consent of the minor prior to the disclosure of information from patient records if the minor obtained treatment without parental consent. If parental consent is needed for the minor to obtain treatment, consent from both the parent and minor is needed before disclosing information from client records.

Erin’s Law (105 ILCS 5/10-23.13)

[Erin’s Law](#) is a state law requiring school districts to adopt and implement a policy addressing sexual abuse of children. The policy may include:

- Age-appropriate curriculum for students in prekindergarten through fifth grade.
- Training for school personnel on child sexual abuse.
- Educational information to parents or guardians on the warning signs of a child being abused, along with any needed assistance, referral, or resource information.
- Available counseling and resources for students affected by sexual abuse.
- Emotional and educational support for a child of abuse.

Every Student Succeeds Act (20 U.S.C. 6301 et seq.)

The [Every Student Succeeds Act](#) (ESSA) is a federal education law passed in 2015 that reauthorizes the Elementary and Secondary Education Act (ESEA), the national education law passed in 1965 to provide equal opportunity for all students. ESSA replaces the No Child Left Behind (NCLB) Act that was passed in 2002.

The purposes of ESSA are to:

- Advance equity by upholding critical protections for disadvantaged and high-need students.
- Ensure that all students are taught to high academic standards that will prepare them for college and careers.
- Ensure that vital information is provided to educators, families, students, and communities through annual statewide assessments that measure students' progress toward those high standards.
- Help support and grow local innovations, including evidence-based and place-based interventions developed by local leaders and educators.
- Sustain and expand investments to increase access to high-quality preschool.
- Maintain an expectation that there will be accountability and action to effect positive change in the lowest-performing schools, where groups of students are not making progress, and where graduation rates are low over extended periods of time.

ESSA specifically includes the main statutory provisions for the Migrant Education Program (MEP), the goal of which is to ensure that all migrant students reach challenging academic standards and graduate with a high school diploma (or complete a General Educational Development [GED] exam) that prepares them for responsible citizenship, further learning, and productive employment.

The Family Educational Rights and Privacy Act (20 U.S.C. 1232g)

The [Family Educational Rights and Privacy Act](#) (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds from the U.S. Department of Education and is enforced by the department's Family Policy Compliance Office (FPCO). The law gives parents certain rights with respect to their children's educational records. These rights transfer to the student when the student reaches the age of 18 or continues her/his education beyond high school. Students to whom the rights have transferred are "eligible students." Parents or eligible students have the right to inspect and review the student's education records maintained by the school and have the right to request that a school correct records that they believe to be inaccurate or misleading. Generally, schools must have written permission from the parent or eligible student to release any information from a student's educational records.

The federal regulations implementing FERPA are at

<https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=34:1.1.1.1.33>.

Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 201)

The [Health Insurance Portability and Accountability Act](#) (HIPAA) of 1996 is a federal law with goals to improve continuity of group and individual health insurance coverage, combat waste and fraud in health insurance and health care delivery, improve access to long-term care services, and simplify the administration of health insurance. The law prohibits discrimination based on a person's health status. The law also gives individuals the right to access their health information while protecting their medical records and other personal health information. The law sets boundaries on the use and release of health records, including mental health records, and establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information. Education and treatment records maintained by a school are typically subject to FERPA, not HIPAA.

Information from the U.S. Department of Health and Human Services about HIPAA is available at <https://www.hhs.gov/hipaa/index.html>.

Illinois Administrative Code- Title 23 (23 IAC et seq.)

[Illinois Administrative Code \(IAC\) – Title 23](#) contains the state’s administrative rules on education and cultural resources. Rules pertaining to education are proposed by ISBE and approved by a subgroup of the Illinois General Assembly called the Joint Committee on Administrative Rules (JCAR). Many of the rules in the IAC are developed to assist in implementing the requirements of the Illinois School Code. (See below.) Some of the many topics addressed in the IAC are:

- [Public Schools, Evaluation, Recognition and Supervision \(Part 1\)](#)
- [Code of Ethics for Educators \(Part 22\)](#)
- [Standards for School Support Personnel Endorsements \(Part 23\)](#)
- [Educator Licensure \(Part 25\)](#)
- [Special Education \(Part 226\)](#)
- [Gifted Education \(Part 227\)](#)
- [Bilingual Education \(Part 228\)](#)
- [Student Records \(Part 375\)](#)
- [Nonpublic Special Education Facilities \(Part 401\)](#)

Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/et seq.)

The [Illinois Mental Health and Developmental Disabilities Code](#) is a state law that addresses the rights of recipients of mental health and developmental disabilities services, including minors. The law states that any person may request information from a developmental disability or mental health facility relating to whether a minor has been admitted to the facility. The law describes the rights of minors receiving inpatient and outpatient treatment in a mental health facility, including their right to consent to counseling services. The Illinois Department of Human Services is the agency responsible for overseeing this law.

Illinois School Code (105 ILCS 5/et seq.)

The [Illinois School Code](#) is a compilation of statutes relating to education passed by the Illinois General Assembly and signed into state law by the Governor. This compilation of statutes describes Illinois’ policies and directives regarding powers and duties of school boards and districts with respect to finances, health and safety programs, school records and reports, strategic planning, and administration of programs. Additionally, the document contains information on school funding, descriptions of the roles

all school personnel, and information about general education and special education programming authorized and directed through ISBE. Among the many topics addressed in the School Code are:

- [School Boards \(Article 10\)](#)
- [Alternative Schools and Learning Opportunities \(Article 13\)](#)
- [Children with Disabilities \(Article 14\)](#)
- [Gifted and Talented Children \(Article 14A\)](#)
- [Bilingual Education \(Article 14C\)](#)
- [Educator Licensure \(Article 21B\)](#)
- [Evaluation of Certified Employees \(Article 24A\)](#)
- [Courses of Study-Special Instruction \(Article 27\)](#)
 - [Violence Prevention/Conflict Resolution Education \(Article 27-23.4\)](#)
 - [Bullying Prevention \(Article 27-23.7\)](#)

The table below provides additional information about specific sections of the Illinois School Code that are relevant to the work of school social workers in Illinois.

<u>Section</u> <i>(Use Control+F to find the section within the Illinois School Code)</i>	<u>Significance / Purpose of section</u>
105 ILCS 5/10-20.65	Authorizes school boards to employ school social workers (SSW), creates title protection, and establishes the 250 student-to-1 SSW benchmark.
105 ILCS 5/34-18.58	Section 34-18.58 mirrors Section 10-20.65 above. Article 34 of the School Code only applies to the Chicago Board of Education. Article 10 of the Code applies to all other Illinois school boards. These two identical sections were added to the School Code in legislation proposed by the Illinois Association of School Social Workers (IASSW) in 2017, Public Act 100-0356.
105 ILCS 5/10-22.6	Contains student discipline provisions. (Note: A major amendment in 2015 added Senate Bill 100, which incorporated restorative practices as an alternative to exclusionary discipline.)
105 ILCS 5/10-22.39	Requires in-service training for licensed school personnel (includes, for example, warning signs of mental illness and suicidal behavior in K-12 students, knowledge of acquired immunodeficiency syndrome [AIDS], understanding domestic violence and sexual violence, anaphylactic reactions, and educator ethics).
105 ILCS 5/14-1.08	Defines "special education facilities and services," which includes school social work services.
105 ILCS 5/14-1.09.2	Describes school social work scope of practice in the state.

105 ILCS 5/14-1.09a	Defines "school social worker." It also provides title protection in Article 14 and authorizes the provision of special education and related services to children with disabilities.
105 ILCS 5/14-1-10	Defines "qualified worker" with respect to IEP services that includes school social worker and school social work intern.
105 ILCS 5/21B-25	Explains Professional Educator License (PEL) provisions regarding school support personnel endorsements.
105 ILCS 5/27-23.7	Describes mandates and policies regarding bullying prevention in schools.
105 ILCS 5/27A	Describes charter school provisions (including, for example, requirement that they comply with various civil rights laws, student health and safety laws, and regulations).
105 ILCS 5/34-18.7	Requires in-service training for Chicago Public Schools personnel regarding warning signs of mental illness and suicidal behavior.

Illinois School Student Records Act (105 ILCS 10/et seq.)

The [Illinois School Student Records Act](#) is a state law that describes the requirements for the maintenance and destruction of student records. The Act defines student records and the different types of records. The Act also addresses the disclosure of records, the rights of parents and students to access records, procedures for challenging the content of records, and penalties for noncompliance with the law. The Act protects the disclosure of privileged or confidential communications, including information communicated in confidence to a school social worker or school social work intern.

The Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

The [Individuals with Disabilities Education Act](#) (IDEA) is a federal law requiring a free appropriate public education (FAPE) to eligible children with disabilities. IDEA governs how states and public agencies provide early intervention, special education, and related services to infants, toddlers, children, and youth with disabilities. IDEA was originally passed in 1975; Congress reauthorized the law in 2004.

The purposes of the IDEA are to:

- Ensure that all children with disabilities receive a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.
- Ensure that the rights of children with disabilities and their parents are protected.
- Assist states, localities, educational service agencies, and federal agencies to provide for the education of all children with disabilities.
- Assist states in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families.
- Ensure that educators and parents have the necessary tools to improve educational results for children with disabilities.
- Assess, and ensure the effectiveness of, efforts to educate children with disabilities.

Regulations developed by the U.S. Department of Education to implement the IDEA can be found at https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title34/34cfr300_main_02.tpl.

The [Parent Guide - Educational Rights and Responsibilities: Understanding Special Education in Illinois](#) is a guide for parents, teachers, administrators, and others in the state to learn about the educational rights of children who have disabilities and receive special education and related services under the IDEA.

The McKinney-Vento Homeless Education Assistance Improvement Act of 2001 (42 U.S.C 11431 et. seq.)

The [McKinney-Vento Homeless Education Assistance Improvement Act](#) of 2001 is a federal law requiring that all children and youth experiencing homelessness have access to a free and appropriate public education. Schools must provide children and youth experiencing homelessness with access to the education and services they need to ensure them an opportunity to meet the same challenging standards as other students. Each region in Illinois has a homeless liaison, and every school district must also have a liaison. These liaisons ensure that the needs of children and youth experiencing homelessness are met.

ISBE has compiled [additional resources](#) regarding the education of children experiencing homelessness.

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)

Section 504 is a provision in the federal [Rehabilitation Act](#) of 1973, which was amended in 2015, to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance. The definition of a disability under Section 504 is aligned with the definition in the ADA. Children and adults with a condition that has an adverse effect on a major life function, such as learning, are protected under the Act, including students not eligible for services under the IDEA. The U.S. Department of Education's Office for Civil Rights (OCR) enforces the provisions of Section 504 in elementary and secondary schools.

The federal regulations from the U.S. Department of Education implementing Section 504 are available at <https://www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html>.

CHAPTER 7

LICENSURE & SUPERVISION

Licensure

Licensure is a mandatory requirement to obtain employment as a school social worker in public (and many private) schools in Illinois. The practitioner must receive a Professional Educator License with a School Social Work Endorsement (PEL: SSW) to practice as a school social worker in the State of Illinois. (Prior to 2013, this was known as the Type 73.) The PEL: SSW is separate from a License of Social Work (LSW) and the License of Clinical Social Work (LCSW). Social workers seeking to obtain the LSW or LCSW are required to meet an additional set of licensure requirements that vary based on the level of degree (i.e., Bachelor of Social Work [BSW] vs. Master of Social Work [MSW]). As mental health providers, school social workers are encouraged to obtain both the PEL: SSW (necessary for the school setting) as well as the LSW or LCSW. According to the Clinical Social Work and Social Work Practice Act (225 ILCS 20/10), a social worker cannot call themselves a social worker unless licensed by the Illinois Department of Financial and Professional Regulation. Obtaining the LSW and/or LCSW is pivotal to the professional identity of a social worker.

Supervision

Supervision is an essential component of a social worker's growth for various reasons. Not only is supervision required for the process to obtain licensure, but it is also necessary for continued professional growth after obtaining licensure. All social workers seeking a PEL: SSW, LSW, and/or LCSW must receive professional supervision. The requirements and specific information to obtain and maintain licensure are outlined in this section.

It is important to note that licensure requirements vary across states. The information included below provides specific details regarding the PEL: SSW, LSW, and LCSW.

Types of Supervision

Professional and administrative supervision of the school social work staff is necessary for the effective and efficient fulfillment of program goals. Competent supervision promotes the staff's professional growth and the program's effectiveness. Standards for school social work mental health professionals have been developed and published by professional social work organizations on both the national level and state level. Basic guidelines for administration and supervision have been drawn from the School Social Work Association of America (SSWAA), National Association of Social Workers (NASW), and the Illinois Association of School Social Workers (IASSW), as well as from state and federal laws and regulations.

Administrative Supervision

“Administrative supervision” includes the on-site day-to-day supervision of staff as they perform their regular duties. Typically, staff who provide administrative supervision to school social workers are not social workers themselves. These supervisors may include the building principal(s), student services program administrator(s), or special education director(s), among others. This administrator need not

be technically proficient in the practice of school social work and is ordinarily responsible for supervising multiple staff disciplines throughout the school day. The administrator provides direction about administrative issues, such as time management, reports, budget, documentation of effectiveness, and the correct implementation of school policies. Because of the host setting, it is typical that non-social workers provide this “administrative supervision.” See [Chapter 1: Role of the School Social Worker](#) for more information about the role of the SSW within host settings.

[Professional] Peer Supervision

It is recommended that school social work mental health professionals seek supervision from more experienced social workers as well. Supervisory time should be allocated on a regular basis, be sufficiently frequent to meet social workers' needs, and include provision for emergency needs. A licensed school social worker who has obtained an education, training, and experience should be designated to provide professional supervision to other school social workers. At the same time, experienced school social work mental health professionals also have a continuing need for professional growth. Requesting ongoing training through conferences, webinars, and topic-specific presentations is one method of advocating for the profession and one's continued professional development. It is also the responsibility of the administrative supervisor to provide leadership in the development of ongoing educational opportunities, in-service training, and collaborative work experiences to stimulate an effective school social work practice. Workshops on such topics as confidentiality, legal updates, ethical school social work practices, general education, special education, and community social problems are beneficial. Such ongoing staff development should be an integral part of the overall school social work plan facilitated by the administrative supervisor. Generally, the school social work supervisor/coordinator/chairperson is a proper staff person to provide educational and supportive supervision.

School social workers within a school and/or district should have specific time for meetings during the year to discuss and evaluate school social work and mental health services for the setting. In areas where only one school social worker is on the staff, provision should be made for meetings with other school social workers from adjoining districts or joint agreements. Collaboration between school social workers is imperative for mental health professionals to achieve success.

Collegial Supervision

“Collegial supervision” pertains to graduate-level social work students pursuing the PEL: SSW during their advanced year of internship (“second-level” internship). Collegial supervision requires specific coursework, a specialized knowledge base, and experience in the practice of school social work. All students pursuing the PEL: SSW must complete an approved school internship under the supervision of a licensed school social worker. The school social work supervisor will provide educational and supportive supervision. Educational supervision requires sufficient expertise to respond to school social work needs regarding a wide variety of practice issues (e.g., the use of appropriate techniques, best practices, case consultation, skill building, etc.). Supportive supervision addresses morale, ethics, and job satisfaction, which help to achieve a balance between personal resources and the demands of the professional environment. This supervision should have a professional structure, meaning that the student seeking a PEL: SSW receives at least an hour of supervision a week. This should be completed at a designated time during the week in which both the student and supervisor are prepared to maintain a distraction-free environment and focus on the supervision topics.

Students pursuing a bachelor's degree or a first-year internship as a graduate student in social work are not recognized as actively working toward the School Social Work Endorsement and should not assume the same responsibilities as a graduate/advanced year social work student who is seeking the PEL: SSW.

Resources and Information Regarding Licensure and Supervision

Illinois State Board of Education (ISBE)

The Professional Educator License with a School Social Work Endorsement is issued and maintained through ISBE.

The Educator Licensure Information System (ELIS) can be accessed at <https://www.isbe.net/Pages/Educator-Licensure-Information-System.aspx>.

Professional Educator License with a School Social Work Endorsement

Social workers must obtain a PEL: SSW to practice as a school social work mental health professional in a public Illinois school setting. To qualify for this licensure, candidates must have graduated from an accredited program (per Council of Social Work Education) that is also approved by ISBE as an educator preparation program for school social workers.

The directory of these programs can be found at <https://www.isbe.net/doap>.

Reciprocity

It is possible for school social work mental health professionals who either 1) hold a valid comparable out-of-state license and degree or 2) have completed a state-approved program in addition to the current licensure requirements to apply through ISBE to receive reciprocity. If the out-of-state school social worker receives approval, it is then not required for the individual to additionally receive entitlement from an Illinois-approved program through a university.

Renewing the PEL: SSW

To maintain and renew the PEL: SSW, school social workers must obtain 120 professional development hours (PDHs), formerly referred to as “continuing professional development units (CPDUs),” every five years.

According to NASW-IL: “The requirements do not apply to individuals working in private schools or in non-school settings. Individuals not employed in the Illinois public education system do not have professional development requirements. They need only pay their \$50 registration fees every five years to renew their PEL” (NASW, 2020).

For step-by-step directions to renew the license, visit <https://www.isbe.net/Pages/Professional-Development-for-Educators.aspx>.

See “Maintaining a PEL: SSW & LSW/LCSW” section on page 65 for more information regarding school social workers who additionally hold a LSW or LCSW.

Uploading Professional Development Hours

After achieving the 120 PDHs, school social workers should upload the information to their ELIS account by selecting “Educator” and then selecting “Professional Development.”

Additional information can be found at <https://www.isbe.net/Documents/record-prof-dev.pdf>.

Registering a Region for the PEL: SSW

It is important to register the PEL in at least one region to be considered valid for employment. Additional regions can be added at no additional cost. To select a region: 1) access the specific ELIS account, 2) select "My Credentials," 3) select "Register in an Additional Region."

Additional information is included above. (See "Renewing the PEL: SSW.")

LSW and LCSW

Association of Social Work Boards

The [Association of Social Work Boards](#) (ASWB) is the regulatory board that creates and oversees the exam required to obtain the LSW and LCSW. Licensure candidates must receive approval before sitting for these exams.

Illinois Department of Financial and Professional Regulation

The LSW and LCSW are issued and maintained through the [Illinois Department of Financial and Professional Regulation](#) (IDFPR).

LSW

To obtain an LSW, social workers must follow the requirements based on their degree. To maintain the LSW, social workers must obtain 30 continuing education hours (CEs) every two years. Three of the 30 CE hours must be on social work ethics; three hours must be on cultural competency; and one hour must be on sexual harassment prevention. In addition to the thirty hours, social workers must complete a mandated reporter training every two years.

Note: As of 2020, social workers needed to take 15 of the required 30 CE hours in person to maintain the LSW. However, IDFPR temporarily waived the in-person training requirement for the 2021 licensure renewal cycle due to COVID-19.

See below for additional information regarding supervision requirements: "[BSW Supervision Requirements for the LSW](#)" or "[MSW Supervision Requirements for the LSW](#)."

LCSW

Social workers must work for 3,000 hours under the supervision of an LCSW to obtain an LCSW. To obtain an LCSW, social workers must follow the requirements based on their degree. To maintain the LSW, social workers must obtain 30 continuing education hours (CEs) every two years. Three of the 30 CE hours must be on social work ethics; three hours must be on cultural competency; and one hour must be on sexual harassment prevention. In addition to the thirty hours, social workers must complete a mandated reporter training every two years.

Note: As of 2020, social workers needed to take 15 of the required 30 CE hours in person to maintain the LCSW. However, IDFPR temporarily waived the in-person training requirement for the 2021 licensure renewal cycle due to COVID-19.

Individuals holding a bachelor's degree are not qualified to receive an LCSW.

Visit the [NASW website](#) for additional information about continuing education unit (CEU) requirements.

Obtaining Supervision for the LSW/LCSW

Employers may or may not provide supervision leading to licensure. Consequently, licensure candidates may need to obtain supervision by seeking someone outside their employer. It is recommended that those seeking supervision speak to other social workers who have received supervision, network at trainings, and/or utilize the [NASW-Illinois Chapter Supervisor Registry](#).

The fee for supervision may vary from *pro bono* to a specified amount selected by the individual supervisor.

BSW Supervision Requirements for the LSW

Individuals holding a bachelor's degree in social work are required to complete three years of supervised professional social work experience and must complete this work under the supervision of a LCSW or LSW.

MSW Supervision Requirements for the LSW

As of January 1, 2020, individuals working toward a Master's Degree in Social Work (MSW) may sit for the LSW exam during their final semester of the program; supervision is not required.

MSW Supervision Requirements for the LCSW

Individuals with an MSW who pursue the LCSW must complete 3,000 hours of professional social work experience under the supervision of a LCSW. Supervision can be completed individually or in a group setting of no more than five social workers.

Additional information about finding supervisors and about supervisory requirements can be found at <https://www.naswil.org/supervision>.

LSW/LCSW Renewal

The LSW and LCSW are renewed through the IDFPR. Information regarding the renewal requirements can be found at <https://www.idfpr.com/Renewals/defaultSSL.asp>.

The [Clinical Social Work and Social Work Practice Act](#) at Title 68 of the Illinois Administrative Code, Part 1470, contains additional information regarding the LSW and LCSW.

Maintaining a PEL: SSW and LSW/LCSW

Professionals holding both a PEL and an LSW/LCSW will follow the requirements for the LSW/LCSW and are not required to submit PDHs. However, they are required to obtain 30 CEUs every two years.

School social workers must continue to renew the PEL: SSW by logging into ISBE, providing verification of holding an LSW/LCSW, and paying the renewal fee.

Social workers must also continue to renew their LSW/LCSW by logging into IDFPR and paying the renewal fee.

Social workers should save all documentation from workshops/trainings attended for licensure.

IASSW provides additional information about maintaining and renewing licensure; the information can be found at <https://iassw.org/ceu-vs-pdh/?v=7516fd43adaa>.

Fees

There are various fees required at the time of applying for and/or renewing licensure. These fees must be paid to keep the license active.

PEL: SSW

Visit <https://www.isbe.net/Pages/Professional-Development-for-Educators.aspx> for information about renewal fees for the PEL: SSW endorsement.

LSW/LCSW

Visit <https://www.ilga.gov/commission/jcar/admincode/068/068014700000550R.html> for information about renewal fees associated with the LSW and LCSW.

Professional Liability Insurance

School social workers (and all social workers) may experience situations where professional liability insurance is critical in responding to legal actions made against them due to concerns regarding ethical and/or professional behavior. The following two professional organizations offer professional liability insurance. (Note: There may be insurance available via additional agencies; this list is not comprehensive.)

[National Association of Social Workers \(NASW\)](#)

[School Social Work Association of America \(SSWAA\)](#)

PEL: SSW Education Preparation Programs

The following list includes school support personnel programs for individuals seeking the PEL: SSW endorsement that are approved by ISBE:

- Aurora University
- Chicago State University
- Dominican University
- Erikson Institute
- Governors State University
- Illinois State University
- Lewis University
- Loyola University of Chicago
- Southern Illinois University - Carbondale
- Southern Illinois University - Edwardsville
- University of Chicago
- The University of Illinois at Chicago
- The University of Illinois at Urbana/Champaign

Here is a [list](#) of ISBE-approved programs.

Here is a [list](#) of CSWE-accredited programs.

Consult directly with the appropriate entities (i.e., ISBE, IDFPR, ASWB, CSWE, NASW, IASSW, and/or SSWAA) for specific questions and the most up-to-date detailed information regarding licensure and supervision requirements.

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CHAPTER 8

SPECIAL POPULATIONS

School districts are required to provide equal educational opportunities to all students. School social workers play a unique role in the school setting to advocate for inclusive climates for all students, particularly those that have historically experienced discrimination and have been denied equal educational opportunities. The list of special populations in this section is not intended to be exhaustive, but rather meant to provide information on some of the populations for whom school social workers must advocate to ensure equitable educational access.

Undocumented Students (“DREAMers”)

State and federal laws guarantee the right of all students, including undocumented immigrant students (“DREAMers”), to a free public education through grade 12 or until the age of 21, regardless of immigrant status (Illinois State Board of Education [ISBE], n.d.). Undocumented immigrant students are sometimes called “DREAMers” after the Development, Relief and Education for Alien Minors (DREAM) Act, which was a bill that attempted to grant legal status to young undocumented immigrants residing in the United States who were brought in to this country as children (Anti-Defamation League, n.d.). The immigration status of the parent or child has no bearing on the rights of the student to enroll and receive equitable education. Immigrant students should receive equal access to all school programs and resources (ISBE, n.d.).

Districts should not ask a parent or student about their immigration status, nor require parents or adult caretakers to provide information concerning their own or their children’s immigration status(es). School districts may accept certain documents as proof of residency, such as a state identification card, driver’s license, or lease, but cannot require the caregiver to produce any single document, such as a Social Security number or birth certificate, as a condition of enrollment (ISBE, n.d.).

Further information on the rights of immigrant students can be found at [Illinois State Board of Education Student Registration and Enrollment Guidance](#) and [Supporting Our State’s Immigrant Population](#).

Students Identifying as LGBTQIA+

Lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies) [LGBTQIA+] youth can be victims of physical violence, homelessness, and/or be at increased risk of suicide (Paceley, Goffnett, & Wagaman, 2018). While the acceptance and understanding of LGBTQIA+ students has improved, this group continues to face discrimination, harassment, and marginalization both within school settings and throughout communities across the country.

As mental health providers, school social workers can play a key role in helping to develop a welcoming and inclusive school climate for LGBTQIA+ youth and can provide support to LGBTQIA+ students (Gay Lesbian Straight Engagement Network [GLSEN]; American School Counselor Association [ASCA]; American Council for School Social Work [ACSSW]; School Social Work Association of America [SSWAA], 2019).

In addition to engaging in competent, direct support to students in need, school social workers can also influence the whole school climate through schoolwide interventions and practices. These activities can include developing anti-bullying intervention and awareness programs, advising Gay-Straight Alliances, training staff and students on LGBTQIA+ issues and diversity, and influencing school policies and curricula to be more inclusive of LGBTQIA+ students and issues. School social workers in some areas may face environmental barriers, such as the culture of the school, and/or objections by people in the community, to supporting LGBTQIA+ students (GLSEN et. al., 2019), showing that this advocacy work is significant to providing equitable school environments for all students.

Addressing the needs of transgender students, in particular, has been a recent source of discussion among the population of LGBTQIA+ youth, both statewide and nationally.

Further information about supporting LGBTQIA+ students within the school setting can be found at [Best Practices for Serving LGBTQ Students: A Teaching Tolerance Guide](#) and [School Climate](#).

A sample of one district's policies on supporting gender-diverse students can be found at [LGBTQ+ Supportive Environments](#).

Children from Military Families

Students often need support during the time a parent in the military is deployed to active duty. The experience of having a parent away during deployment can be akin to a grief stage when a child has experienced a loss of someone close to them. This stage can typically last from six to eight weeks. Difficulties lasting for a longer period may or may not result in a need for further intervention. Serious signs of distress can include unfocused agitation or hysteria, disconnection from peers and adults, serious depression or withdrawal, auditory or visual hallucinations, or any prolonged major change from normal functioning that continues six weeks after deployment (Educator's Guide to the Military Child During Deployment, n.d.).

Students can also experience stress during pre-deployment and post-deployment phases. A parent returning from deployment can upset new family dynamics created during the deployment, resulting in stress and confusion over family roles (Educator's Guide to the Military Child During Deployment, n.d.). School staff can assist these students throughout these phases in several ways. First, it is recommended to provide structure during the initial phase of deployment. Additionally, it may be appropriate in some instances to adjust a student's workload. It is also important to remind students that feelings of grief or loss are normal during a parent's deployment. Some students may become withdrawn while others experience outbursts of anger. School staff can validate the student's feelings while encouraging appropriate ways of managing and expressing anger (Educator's Guide to the Military Child During Deployment, n.d.).

As mental health providers, school social workers may be asked to provide individual counseling services to children from military families, refer children and families to community resources, or may also serve as a contact between the school and school liaisons in various branches of the armed forces.

See the resources listed below for information about supporting students from military families.

- Schools can request a Military Family Life Counselor to help support their military students while at school. The counselors are provided free of charge and come with a wealth of resources. For more information, visit [Military One Source](#).
- The [Military Child Education Coalition](#) is a resource for professional development, online student programs, and parent education. It provides in-person training/conferences for schools and families.
- The [Child Mind Institute](#) provides some resources and training for schools.
- [Operation We Are Here](#) is a site for finding other resources for schools to provide as references to military families.

Children Experiencing Homelessness

Approximately 50,000 school-age children were reported homeless in the State of Illinois as of the end of the 2019-20 school year (ISBE, n.d.). For these children experiencing homelessness, the federal McKinney-Vento Act and the Illinois Education for Homeless Children Act establish the right to an education in either the school district in which the child previously attended or the school in the attendance area in which the child currently resides (ISBE, n.d.). This legislation also explains that homeless students include, but are not limited to, children or youth sharing the housing of other persons due to loss of housing; economic hardship or a similar reason (commonly referred to as being “doubled up”); and pupils who are otherwise not residing in a fixed, regular, and adequate nighttime residence (ISBE, n.d.).

Disputes related to the responsible district for serving children experiencing homelessness are resolved by an impartial ombudsperson appointed by the applicable Regional Office of Education (ROE), not through a residency hearing conducted by the school district (ISBE, 2018).

More information about this process can be found at <https://www.isbe.net/Documents/Homeless-Dispute-Resolution-Procedures.pdf>.

Each area of the state has a homeless liaison assigned by ISBE, while each school district is also required to have a homeless liaison. It is possible for school social workers to be the homeless liaison in their district and/or school social workers may work closely with the appointed liaison to ensure that children and youth experiencing homelessness are afforded the same opportunities to be as successful as all learners in the school. School social workers can help inform school staff about the requirements for enrolling children experiencing homelessness. School social workers should also work to ensure that these families have the support their students need to participate and be successful in school. For example, they may become involved in assisting families to obtain housing, food, and transportation. They also may be identifying and addressing the social/emotional needs of children experiencing homelessness. Public Act 100-0506, legislation that requires that free birth certificates be provided for people experiencing homelessness, took effect January 1, 2018. This law requires that a service provider sign a statement verifying the applicant’s homeless status. Public school homeless liaisons or school social workers are among the service providers who may sign this statement (ISBE, n.d.).

Many additional resources related to the education of children experiencing homelessness are found at <https://www.isbe.net/Pages/Homeless.aspx>.

See [Chapter 6: Legislation](#) for more information about the McKinney-Vento Act and related legislation.

Children of Incarcerated Parents

The Pew Charitable Foundation reported that approximately one in 28 children has an incarcerated parent (Pew Tip Sheet, n.d.). Having a parent incarcerated can be an “adverse childhood experience” that increases the likelihood of negative outcomes later in life. A summary of research studies published by La Vigne, Davies, & Brazzell (2008) suggested an increased risk of antisocial behavior among children of incarcerated parents, as well as an increased risk of mental health problems, drug use, school failure, and unemployment (National Institute of Corrections, n.d.). Furthermore, it has been known that students with an incarcerated parent may be stereotyped by other students. Children may experience embarrassment and/or have difficulty talking to others about their feelings, while in some cases, the child may be instructed by other family members not to talk about the situation (Pew Tip Sheet, n.d.).

As mental health providers, school social workers may play a role in identifying and addressing potential social/emotional needs of children with incarcerated parents and/or assisting the children and their families in obtaining necessary community resources.

Additional resources for working with children of incarcerated parents can be found at <https://youth.gov/youth-topics/children-of-incarcerated-parents/federal-tools-resources/tip-sheet-teachers>.

Youth in Care (*Students in Foster Care; Grandparents as Guardians; Kinship Care*)

About 400,000 children nationally are in foster care at any given time (Child Welfare Information Gateway, 2019). Research has shown that children in foster care, referred to in Illinois as Youth in Care (YIC), are at higher risk of dropping out of school and are less likely to attend postsecondary education (U.S. Department of Education [ED], n.d.). YIC often experience high mobility rates, which may then result in delays in their academic progress.

The federal Fostering Connections Act and Every Student Succeeds Act (ESSA) require child welfare agencies to collaborate with state and local educational agencies to keep YIC in their school of origin when living placements change, if remaining in that school is deemed in the child’s best interest. The law also requires child welfare agencies to ensure that YIC who do change schools are promptly enrolled with the relevant school records (ED & U.S. Department of Health and Human Services [HHS], 2016).

“Kinship care” refers to the care of children by relatives or, in some jurisdictions, close family friends (often referred to as “fictive kin”) (HHS, n.d.). Kinship care arrangements fall into three categories: (1) informal kinship care without child welfare involvement; (2) voluntary kinship care in which a child welfare agency is involved, but the state does not have child welfare agency oversight; and (3) formal kinship care, in which a child welfare agency has legal custody and places a child with relatives or kin in a foster care arrangement. Kinship caregivers may have less formal training and have accessed fewer formal supports than non-relative foster parents (HHS, 2018).

Caregivers working outside of the formal foster care system may not be aware of their eligibility for support services. School social workers with knowledge of state and local resources may be able to assist caregivers in obtaining necessary support services and/or be called upon to help caregivers who are

unfamiliar with the educational setting to navigate the system so that children in their care have appropriate opportunities for positive educational outcomes.

ED has developed the [Foster Care Youth Transition Toolkit](#) for providers to help prepare youth transitioning from the foster care system to adulthood.

Students who are Pregnant and/or Parenting

Teen pregnancy and birth rates for adolescents ages 15-to-19 in the United States remain among the highest of industrialized nations. Roughly 1-in-4 girls will become pregnant at least once before age 20; furthermore, about 1-in-6 teen births is a repeat birth (CDC, 2013). The National Conference of State Legislators (NCSL) reported in 2018 that significant disparities in teen birth rates persist across racial and ethnic groups, geographic regions, rural and urban areas, and age groups.

While birthing a child is many times an exciting and momentous event, research shows that adolescent pregnancy and parenthood are associated with social, health, and financial costs to teen parents, families, and states. Without adequate resources and support, teen childbearing can disrupt a youth's educational and career goals, affecting future earning potential. Only about half of teen mothers earn a high school diploma by age 22, compared to 90 percent of women without a teen birth; teenage mothers are also more likely to live in poverty and depend on public assistance (NCSL, 2018).

Teen childbearing not only has the potential to affect the mother's education but has implications for their children as well. Research has shown that children of teen mothers may not only start school at a disadvantage, but they also fare worse than those born to older parents throughout their education (California Evidence-Based Clearinghouse for Child Welfare, 2020). Compared to their peers, children born to teens perform worse on many measures of school readiness and are 50 percent more likely to repeat a grade. Children born to teen mothers also often have lower school achievement and are more likely to drop out of high school, compared to children born to older parents. In addition to lower school achievement and increased risk of dropping out of school, children born to teen parents are more likely to enter the child welfare and correctional systems or to become teen parents themselves, in comparison to children born to older parents (NCSL, 2018).

Teen parents may face some extraordinary trials that require communitywide commitment and support. The following five major challenges seem to recur for pregnant and parenting teens in a variety of settings:

- Re-enrolling in school following the pregnancy or birth.
- Finding child care and transportation for their child so that the teen parent can attend school.
- Financing child care due to inadequate existing funding for child care subsidies.
- Financing transportation due to the limited availability of vouchers due to budget cuts.
- The need to advocate with school administrators, who may be unaware of federal and state laws mandating equal educational opportunities for pregnant and parenting teens and may simply want the teen parent to attend an alternative school or obtain a General Educational Development (GED) credential.

The Illinois School Code allows youth to receive home instruction or take correspondence courses when they are medically unable to attend school prior to birth and for up to three months following birth or a

miscarriage (105 ILCS 5/10-22.6a). School social workers should consider the social and emotional effects of these various factors while supporting teenage parents and their children.

See this [HHS tip sheet](#) for tips for working with pregnant and parenting teens.

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Appendix A

School Social Work in Illinois: History of the Profession

Understanding the history of the school social work profession could help to ensure continued professional growth -- of individual practitioners and of the profession overall. Similar to other domains of social work practice, school social workers have shifted with the trends of offering both macro-practice and micro-practice skills and knowledge for the students/families/schools with whom they work. A unique perspective of the school social work specialty stems from the historical patterns of education and education policies that have influenced the practice of social work within the school setting.

The following table portrays selected dates, events, and legislation that have significantly affected the school social work profession. Note that the following table is not exhaustive, but rather a selection of the most significant and influential moments in national and Illinois history.

Year(s)	Event or Landmark Event; legislation; etc.	Additional information / Explanation
1895 - 1918	Passage of compulsory school attendance laws	Education became no longer for only elite families; this law required children within all populations to attend school. Therefore, students from lower-income families and/or minority cultures maintained attendance within schools for longer amounts of time. Consequently, schools started experiencing new needs they had not previously encountered and started looking for help/support regarding how to handle these socio-cultural nuances.
1906	First school social workers (called "visiting teachers")	These "visiting teachers" worked in Boston, Chicago, Hartford, and New York, and are considered the first school social workers. They were employed via external agencies that supported and/or contracted with the school districts, though they worked within the school building while also connecting students and families to community resources.
1913	Rochester (New York) school board directly hired "visiting teachers"	This was the first time school social workers were directly hired by the school district itself; the role was therefore given an explicit description.
1919 - 20	Chicago Public Schools (CPS) hired school social workers for the first time	CPS hired its first THREE school social workers during the 1919-20 school year.
(by) 1920	Establishment of the National Association of Visiting Teachers	This professional organization established a platform and enhanced the integrity of the profession of "visiting teachers." Later, the association changed its name to become the "American Association of Visiting Teachers." It published <i>The</i>

		<i>Bulletin</i> , which provided current employees the most current information for their professional work.
1955	American Association of Visiting Teachers merged with National Association of Social Workers (NASW)	Additionally, <i>The Bulletin</i> was absorbed by the general <i>Social Work</i> publication.
1970	Establishment of the Illinois Association of School Social Workers (IASSW)	IASSW was founded in 1970 as the first modern state school social work association. The official corporation paperwork was filed with the Secretary of State on October 21, 1969.
1972	Illinois mandated school social work licensure requirements	In 1972, the Illinois State Board of Education (ISBE) required all school social work applicants to have the Master of Social Work (MSW) degree as well as have completed a year-long internship in a public school.
1975	Education for All Handicapped Children's Act	The Education for All Handicapped Children's Act passed in 1975. This federal legislation was designed to ensure that children with disabilities were granted a free appropriate public education (FAPE) in the least restrictive environment (LRE).
1976	ISBE hired a statewide school social work consultant	Vaughn Morrison become ISBE state school social work consultant in February 1976 after serving on the IASSW Board for two years. Mr. Morrison was instrumental in establishing the school social work presence in Illinois. ISBE maintained the "SSW consultant" role from 1949-2003.
1979	Illinois governor proclaimed an annual "School Social Work Day"	In February 1979, the Illinois Governor signed a proclamation when the IASSW Board voted to establish an annual School Social Work Day. This day was later changed to be a week-long observance.
1984	IASSW lobbied in Springfield	In 1984, IASSW obtained its first lobbyist to have a voice in Springfield.
1988	Implementation of certification testing for school social workers in Illinois	ISBE instituted the first modern statewide certification testing for school social workers in 1988.
1990	Individuals with Disabilities Act of 1990 (IDEA)	The passage of IDEA ensured that all children with disabilities between the ages 3-21 had access to a free and public education. This legislation further mandated that students whose disability caused mental health impacts that adversely affected educational functioning would have access to mental

		health services within schools; the existing school social workers then provided these services.
1994	Formation of “School Social Work Association of America (SSWAA)”	The School Social Work Association of America was formed as the result of a national school social work planning meeting hosted by the IASSW Board. Randy Fisher became SSWAA’s first president. SSWAA published a national model for service delivery (between 2011-13), which was designed to be flexible given the wide range of school social work delivery models.
1999	First International School Social Work Conference	IASSW and SSWAA jointly hosted the first International School Social Work Conference, which was held in Chicago in 1999.
1999	School social worker tasks written into Illinois School Code	School social work tasks officially became part of the Illinois School Code with the passage of House Bill 488.
2004	Individuals with Disabilities Education Improvement Act of 2004 (IDEIA)	IDEIA revised/expanded existing legislation to include a Child Find system in every school. School social workers became part of the “Child Find team,” which continue to seek out all students in need of special education and/or who may be homeless and/or who are wards of the state; this included students attending private schools.
2004	Creation and implementation of Illinois Social and Emotional Learning Standards	As a result of the Children’s Mental Health Act of 2003, ISBE adopted the <i>Illinois Social/ Emotional Learning (SEL) Standards</i> . The standards describe the content and skills for students in grades K-12 for social and emotional learning. Each standard includes five benchmark levels that describe what students should know and be able to do in early elementary, late elementary, middle/junior high, early high school, and late high school in relation to their social/emotional development. (See Appendix C for more information on the <i>Illinois Social/Emotional Learning Standards</i> .)
2016	Illinois has more than 3,000 known school social workers employed in public schools	The number of school social workers in public schools in Illinois has increased over the years: In 1956-57, there were 160 school social workers employed in Illinois public schools. In 1971-72, there were 502. In 2002, there were about 3,000. In 2015-16, there were 3,144. <i>Note that the actual number of school social workers in Illinois may be higher; numbers are potentially unknown due to inconsistent regulations within charter/private schools as well as differing position titles.</i>

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Appendix B

Duties of Mandated Reporters

School social workers are among the professionals who are required by Illinois' [Abused and Neglected Child Reporting Act](#) (325 ILCS 5) to report any cases of suspected child abuse or neglect to the Illinois Department of Children and Family Services (DCFS). Failure of mandated reporters to report child abuse and neglect is a Class A misdemeanor. The following information is summarized from the Abused and Neglected Child Reporting Act, the DCFS rules from Title 89 of the Illinois Administrative Code-Part 300, and the DCFS website.

All school personnel, including school social workers, must report to DCFS when, acting in their professional capacity, they have reasonable cause to suspect that a child under the age of 18 may be an abused or neglected child. Any person who knowingly transmits a false report to DCFS commits the felony offense of disorderly conduct. Abuse can consist of a non-accidental physical or mental injury at the hands of a family member or person responsible for the welfare of a child; being placed at substantial risk of physical or mental injury; a sex offense; acts of torture; excessive corporal punishment; involuntary servitude; or selling, transferring, or distributing controlled substances to a minor.

Neglect is a condition resulting from the child not receiving food, clothing, shelter, or medical treatment necessary for her/his well-being; being subjected to a potentially harmful environment due to blatant disregard of the caretaker; abandonment by a caretaker; refusal to allow the child to return home; or an infant with a controlled substance in their system. The description of abuse or neglect above is not meant to be exclusive, due to the continual refinement of the law regarding abuse and neglect. A child is not considered abused or neglected solely because she/he is not attending school.

All reports of suspected child abuse or neglect should be made immediately to the state's central register at 1-800-25-ABUSE or by telephone or in person to the nearest DCFS office. Mandated reporters now also have the option to report abuse or neglect in non-emergency situations online. Any mandated reporter who has reasonable cause to suspect that a child has died due to abuse or neglect shall also immediately report this suspicion to the appropriate medical examiner or coroner.

The initial information provided in a report of child abuse or neglect to DCFS should include the name and address of the child and the child's parents/guardians; the child's age; the nature of the child's condition, including any evidence of previous injuries or disabilities; and other information that could be helpful in establishing the cause of the abuse or neglect and the identity of the person believed responsible. DCFS will request the reporter's name, occupation, relationship to the children, actions taken by the reporter, and how the reporter can be contacted.

Mandated reporters shall confirm their telephone or online report in writing on a [CANTS 5 Form](#) available on the DCFS website within 48 hours after the oral report. These confirmation reports are admissible evidence in any administrative or judicial proceeding related to the case.

School personnel may also notify a school administrator when a report of child abuse or neglect is made. Persons in charge of the school must not exercise any control, restraint, modification, or other change in the report or prevent the forwarding of a report to DCFS.

The privileged quality of communication between any professional who is a mandated reporter and his or her client does not apply to situations involving abused or neglected children. Privilege is not a reason to fail to report suspected abuse or neglect or to fail to share information or documents with DCFS during an investigation. Willful failure to report a suspected case of child abuse or neglect could result in license suspension or revocation under the Illinois School Code and the Clinical Social Work and Social Work Practice Act. If requested by the reporter, DCFS shall confirm in writing that the information or documents disclosed by the professional were gathered during an investigation of child abuse or neglect.

Reporters of suspected child abuse and neglect are expected to testify fully in any related administrative or judicial proceedings. An administrative subpoena may be issued to obtain needed information if a mandated reporter who is believed to have information relevant to the investigation is not allowed or refuses to speak with or provide documents to an investigator. This requirement applies regardless of whether the mandated reporter in question made the report that is being investigated.

Actions Taken by DCFS After Report Filed

Reports made to the central register through the statewide, toll-free telephone number shall be immediately transmitted by the department to the appropriate Child Protective Service Unit. DCFS shall also immediately transmit all reports alleging the death of a child and serious injury to a child, including, but not limited to, brain damage, skull fractures, subdural hematomas, internal injuries, torture, malnutrition, and sexual abuse, to the appropriate local law enforcement agency. In-person contact with the alleged victim or an in-person examination of the environment for reports of inadequate shelter and environmental neglect will occur within 24 hours of receiving a report. The investigation will include in-person or phone contact with the reporter.

DCFS will notify the reporter when the initial investigation determines that a formal investigation will not be initiated because the report did not contain a “good faith” indication that child abuse or neglect has occurred.

If a formal investigation is conducted, the Child Protective Service Unit shall determine within 60 days whether the report is “indicated,” meaning there is credible evidence of abuse or neglect, or “unfounded,” meaning that credible evidence of abuse or neglect is not obtained. DCFS may extend the period in which such decisions are made in individual cases for additional periods of up to 30 days each for “good cause.”

Written notice of the outcome of the investigation is provided to the mandated reporter who has reported the abuse or neglect. Requests for additional information regarding the services a family may be receiving as a result of the investigation can be submitted in writing to DCFS. The mandated reporter can also request a review of the decision by a multi-disciplinary committee within 10 days of notification that the investigation was “unfounded.”

When a school district employee makes a report about the conduct of another person employed by the district, DCFS shall send a copy of its final report of findings to the district superintendent. Within 10 days of an “indicated” finding of physical or sexual abuse, DCFS shall send a copy of its final report to the school attended by the child who is the victim of the abuse. A school district is responsible for maintaining the confidentiality of such reports in accordance with the Illinois School Student Records Act (105 ILCS 10).

Protections for Reporters

The law provides immunity from liability to mandated reporters who report suspected child abuse or neglect, or who assist in an investigation of such. Employers are prohibited from discriminating, discharging, or retaliating against an employee who makes a good faith report or who testifies or is about to testify in any abuse or neglect proceeding.

All records concerning reports of child abuse and neglect and all records produced as a result of those reports are confidential and cannot be disclosed except as specifically authorized by the Abused and Neglected Child Reporting Act or other relevant laws. It is a Class A misdemeanor to permit, assist, or encourage the unauthorized release of any information contained in such reports or records. The name of the reporter or the identity of those individuals who cooperate in an investigation is not provided to the subjects of a report.

It is important to maintain current knowledge through in-service and professional development opportunities. Within one year of initial employment and at least every five years thereafter, school personnel required to report child abuse must complete mandated reporter training by a provider or agency with expertise in recognizing and reporting child abuse. DCFS offers a training for mandated reporters on its website, while also maintaining additional informational materials, such as a [Mandated Reporter Manual](#), a [Care Enough to Call](#) brochure, and a [Mandated Reporter Poster for Schools](#).

Appendix C

Professional Resources Relevant to School Social Workers

This appendix contains additional resources that could be helpful to school social workers. These resources are not exhaustive, but rather supplement the information provided within the chapters of this guide. These resources are listed alphabetically and included here for the purposes of easy access if/when practitioners may need.

Council on Social Work Education

The [Council on Social Work Education](#) (CSWE), is a national association representing social work education. Founded in 1952, members include more than 750 accredited baccalaureate and master's degree social work programs, as well as individual social work educators, practitioners, and agencies dedicated to advancing quality social work education. Through its many initiatives, activities, and centers, CSWE supports quality social work education and provides opportunities for leadership and professional development, so that social workers play a central role in achieving the profession's goals of social and economic justice. CSWE's Commission on Accreditation is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States and its territories.

The [Educational Policy and Accreditation Standards](#) (EPAS) are standards and competencies required of all institutions of higher learning that offer accredited Bachelor of Social Work (BSW) and/or Master of Social Work (MSW) programs. The EPAS are published by the CSWE, which monitors accredited BSW and MSW programs nationally. The EPAS are meant to ensure that students in higher education receive competent preparation for the social work field; they help to ensure that institutions of higher education provide a "competency-based framework" focused on student learning outcomes.

Illinois Association of School Social Workers

The [Illinois Association of School Social Workers](#) (IASSW) is a statewide organization dedicated to improving the quality of life and education for children by enhancing the professional development of school social workers. The goals of the organization include:

- Enhancing the educational and psychosocial development of all school-age children.
- Promoting best professional practice among school social workers.
- Enhancing more effective communication among school social workers, members of related disciplines, and the community.
- Participating in social action designated to improve educational and psychosocial conditions for children and families.

Illinois Department of Financial and Professional Regulation

The [Illinois Department of Financial and Professional Regulation](#) (IDFPR) is a state agency that licenses and regulates various professional occupations, including social workers. The agency issues licenses for licensed social workers (LSW) and licensed clinical social workers (LCSW), renews licenses, and takes

disciplinary action. IDFPF addresses questions related to professional conduct, discipline, and qualifications of candidates.

Illinois State Board of Education

The [Illinois State Board of Education](#) (ISBE) is the state agency dedicated to providing leadership and resources to achieve excellence across all school districts by engaging legislators, school administrators, teachers, students, parents, families, and other stakeholders in formulating and advocating for policies that enhance education, empower districts, and ensure equitable outcomes for all students. ISBE oversees implementation of federal and state regulations with school districts in the state, such as Every Student Succeeds Act (ESSA) and the Individuals with Disabilities Education Act (IDEA).

The [Illinois Social/Emotional Learning \(SEL\) Standards](#) describe the content and skills for students in grades K-12 for social and emotional learning. Each standard includes five benchmark levels that describe what students should know and be able to do in early elementary (grades K-3), late elementary (grades 4- 5), middle/junior high (grades 6-8), early high school (grades 9-10), and late high school (grades 11-12). These standards build on the Social/Emotional Development domain in the [Illinois Early Learning and Development Standards](#).

The three goals that are part of the Illinois SEL Standards are as follows:

- [SEL Goal 1](#)
- [SEL Goal 2](#)
- [SEL Goal 3](#)

Visit the [ISBE website](#) for more information about SEL supports.

ISBE lists knowledge and performance indicators for school social workers in each of the following skill or knowledge areas: Content, Service Delivery, Planning, Assessment and Evaluation, Consultation and Collaborative Relationships, Advocacy and Facilitation, Learning Communities, Diversity, Professional Conduct and Ethics, and Professional Development. The state standards for school social workers can be found at <https://www.ilga.gov/commission/jcar/admincode/023/023000230001400R.html>.

National Association of Social Workers

The [National Association of Social Workers](#) (NASW) is a national advocacy organization working to enhance the professional growth and development of social workers, to create and maintain professional standards, and to advance sound social policies. NASW recognizes that school social workers provide unique and specialized services to a distinct population of clients.

Resources include the [NASW Code of Ethics](#) to guide the everyday professional conduct of social workers as well as the [NASW Standards for School Social Work Services](#). These standards are revised periodically to meet the changing needs and trends of the profession. The current standards were most recently revised in 2012.

School Social Work Association of America

The [School Social Work Association of America](#) (SSWAA) is a national advocacy organization whose mission is to empower school social workers and promote the profession of school social work to enhance the social and emotional growth and academic outcomes of all students.

SSWAA developed the [National School Social Work Practice Model](#), which the organization uses as its official policy for the delivery of school social work services. Among other ideas, the model outlines a general framework for school social work services and promotes consistency to guide education, credentialing, and professional practices of school social workers, while providing a framework for the evaluation of services.

U.S. Department of Education

The [U.S. Department of Education](#) (ED) is the federal agency charged with promoting student achievement and preparing for global competitiveness by fostering educational excellence and ensuring equal access. The agency is dedicated to: 1) establishing policies on federal financial aid for education and distributing as well as monitoring those funds; 2) collecting data on America's schools and disseminating research; 3) focusing national attention on key educational issues; and 4) prohibiting discrimination and ensuring equal access to education.