

Certification Document

Specialist Name:

County

Track: (Select One)

Child Protective Services

Comprehensive

Family Centered Services

Hotline

Permanency Planning

Post-Adoption

Resource Specialist

Other:

Child Interview Complete

DNM 30 day Supportive Plan

NA

Phase 1 evaluation

Incomplete 30 day Modified Plan

NA

Phase 2 evaluation

Incomplete 30 day Plan

NA

Phase 3 evaluation

Adult Interview Complete

DNM 30 day Supportive Plan

NA

Phase 1 evaluation

Incomplete 30 day Modified Plan

NA

Phase 2 evaluation

Incomplete 30 day Plan

NA

Phase 3 evaluation

At this time, it is recommended:

This Child Welfare Specialist receive a **50% caseload** (DNM only) _____

This Child Welfare Specialist received a support plan and can now return to completion of Core, Modules 5 and 6 _____

This Child Welfare Specialist move to **75% caseload** _____

This Child Welfare Specialist move to **100% caseload** and be **fully certified** _____

This Child Welfare Specialist does **Not Meet Certification**; at this time a 30 day extension is required _____

It is being recommended that this Child Welfare Specialist **Not Advance** in the Certification Process _____

Specialist Typed Name

Specialist U Number

Date

Specialist Signature

Supervisor Typed Name

Supervisor U Number

Date

Supervisor Signature

District Director / Field Manager Typed Name

District Director / Field Manager U Number

Date

District Director / Field Manager Signature