



**CLEVELAND STATE UNIVERSITY  
SCHOOL OF SOCIAL WORK  
CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM  
APPLICATION CHECKLIST**

NAME \_\_\_\_\_  BSW  MSW

Application-Pages 2-4

2 Letters of Reference-(2 Sets) Pages 5-8

Resume

Personal Statement-Page 9

Case Vignette-Page 10

Automobile Information/Notifications-Page 11

Field Placement Disclosure Form-Page 12

**Return all materials to:  
Patricia Price Johnson MSW  
Mailing Address:  
Cleveland State University  
School of Social Work  
2121 Euclid Avenue  
Cleveland, Ohio 44115-2214**

**Campus Location:  
Rhodes Tower Room 1415  
p.pricejohnson@csuohio.edu  
216-687-4738**

**CLEVELAND STATE UNIVERSITY  
CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM APPLICATION**

**Student Name** \_\_\_\_\_

**Current Address**

**Street** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone: Day** \_\_\_\_\_ **Eve** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Preferred E-Mail** \_\_\_\_\_

**Permanent Address**

**Street** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone: Day** \_\_\_\_\_ **Eve** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Current Overall GPA** \_\_\_\_\_

**Social Work GPA** \_\_\_\_\_

**CSU ID Number** \_\_\_\_\_

<b>Optional-For Statistical Purposes Only</b>	
Date of Birth	_____
Race	_____
Ethnicity	_____
Gender	_____
_____	

Contact Patricia Price Johnson

**Permission for Post Evaluation Contact**

Print Name

---

Sign Name

---

Contact Information

---

**Field Placement Agency Preference (Rate 1 for first choice to 6 for last choice)**

\_\_\_\_\_ Cuyahoga County

\_\_\_\_\_ Geauga County

\_\_\_\_\_ Medina County

\_\_\_\_\_ Lake County

\_\_\_\_\_ Portage County

\_\_\_\_\_ Summit County

**Current or Previous Child Welfare Experience** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Do you receive financial aid?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Academic Awards, Scholarships, Publications, Presentations**

---

---

---

---

**Employment History**

Current Place of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Work Days and Hours \_\_\_\_\_

Dates of Employment-From/To \_\_\_\_\_

List any employment with a Public Child Services Agency-Dates From/To

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

**Volunteer/Community Services Employment-during the past two years**

Agency Name and Address \_\_\_\_\_

Name and Phone Number of  
Supervisor \_\_\_\_\_

Primary Duties  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Experience-From/To \_\_\_\_\_

**Please attach a current resume.**

Languages spoken fluently \_\_\_\_\_

Do you have a reliable car with insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Automobile Insurance Company \_\_\_\_\_

Are you willing to transport clients as part of your field placement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number \_\_\_\_\_

**Two References are required-See Pages 5-8**

***Return Application and Two Reference Letters application deadline.***

***Patricia Price Johnson,***

***Cleveland State University School of Social Work, 2121 Euclid Avenue, RT 1415***

***Cleveland, Ohio, 44115-2214***

**CLEVELAND STATE UNIVERSITY**

**CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM**

**Reference Form**

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

**1. Name of Applicant**

---

Last	First	Middle Initial
------	-------	----------------

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

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

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

**Signature** \_\_\_\_\_

- **If you wish to waive your right to access to this reference, sign your name on the line below the following statement:**

I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing IN THIS REFERENCE. I AGREE THAT THE OBSERVATIONS MADE IN THIS REFERENCE SHOULD BE CONFIDENTIAL BETWEEN THE WRITER, CLEVELAND STATE UNIVERSITY, and the designated county Children Services Agency.

\_\_\_\_\_ I waive my right to access this reference.

**Signature** \_\_\_\_\_

**3. Name of Recommender:**

---

**To the Recommender:** The person requesting this reference letter is a student at Cleveland State University School of Social Work who has applied for the Child Welfare University Partnership Program. This means that the student will be using social work education to prepare for employment in an Ohio public child welfare agency. Some benefits are available for students who successfully complete the social work program and obtain employment in a public child welfare agency. Child welfare is quite challenging. We are asking for reference letters to help us determine if the student's strengths and abilities are a good match for the demands of public child welfare work. Your letter may be shared with the county agency as part of establishing the student field placement.

In your letter of reference, please respond to the following:

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

We would be interested in knowing the student's work habits. It would be helpful if you could comment on the following:

- Ability to learn new concepts
- Ability to learn new job-related tasks
- Ability to organize and prioritize when there are many tasks to complete
- Dependability
- Skill level related to taking initiative
- Interaction with supervisor and coworkers/students
- Ability to relate to people from diverse backgrounds

Describe the student's major strengths and any areas of limitations.

Please provide any comments you wish to share.

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommender's Printed or Typed Name \_\_\_\_\_

Recommender's Position or Title \_\_\_\_\_

Recommender's Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Please enclose this form along with your comments in a sealed envelope with your signature across the seal to:

Student Name \_\_\_\_\_

**THANK YOU!**

**CLEVELAND STATE UNIVERSITY**  
**CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM**

**Reference Form**

**To the Applicant: Please provide the information requested in numbers 4, 5 and 6, and then give this form to the recommender:**

**4. Name of Applicant**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>Middle Initial</b>
-------------	--------------	-----------------------

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

- The Family Education Rights and Privacy Act (FERPA) of 1974 entitles students to access the references in their permanent record at Cleveland State University. The applicant may waive this right of access, in which case the reference will be considered by Cleveland State University and will not be available to the student. The reference will also be shared with the county welfare agency,  
\_\_\_\_\_ I do not waive my right to access to this reference letter.

**Signature** \_\_\_\_\_

- **If you wish to waive your right to access to this reference, sign your name on the line below the following statement:**

I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing IN THIS REFERENCE. I AGREE THAT THE OBSERVATIONS MADE IN THIS REFERENCE SHOULD BE CONFIDENTIAL BETWEEN THE WRITER, CLEVELAND STATE UNIVERSITY, and the designated county Children Services Agency.

\_\_\_\_\_ I waive my right to access this reference.

**Signature** \_\_\_\_\_

**6. Name of Recommender:**

\_\_\_\_\_

**To the Recommender:** The person requesting this reference letter is a student at Cleveland State University School of Social Work who has applied for the Child Welfare University Partnership Program. This means that the student will be using social work education to prepare for employment in an Ohio public child welfare agency. Some benefits are available for students who successfully complete the social work program and obtain employment in a public child welfare agency. Child welfare is quite challenging. We are asking for reference letters to help us determine if the student's strengths and abilities are a good match for the demands of public child welfare work. Your letter may be shared with the county agency as part of establishing the student field placement.

In your letter of reference, please respond to the following:

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

We would be interested in knowing the student's work habits. It would be helpful if you could comment on the following:

- Ability to learn new concepts
- Ability to learn new job-related tasks
- Ability to organize and prioritize when there are many tasks to complete
- Dependability
- Skill level related to taking initiative
- Interaction with supervisor and coworkers/students
- Ability to relate to people from diverse backgrounds

Describe the student's major strengths and any areas of limitations.

Please provide any comments you wish to share.

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommender's Printed or Typed Name \_\_\_\_\_

Recommender's Position or Title \_\_\_\_\_

Recommender's Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Please enclose this form along with your comments in a sealed envelope with your signature across the seal to:

Student Name \_\_\_\_\_

**THANK YOU!**



**CLEVELAND STATE UNIVERSITY  
CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM  
PERSONAL STATEMENT**

Please respond to the following questions. (You can attach a separate sheet entitled Personal Statement)

1. What is your understanding of the duties and responsibilities of a public child welfare worker?
2. What about child welfare and/or child protective services attracts you to the field of child welfare?
3. What area of public child welfare are you interested in?
4. What is your motivation for participating in the University Partnership Program?
5. What experiences and personal strengths do you bring to the child welfare profession?
6. Describe your experiences and level of comfort working with diverse families.
7. Please discuss any personal or family issues that may present obstacles to your successful completion of the demanding program and payback requirements. How will you deal with such obstacles or challenges as you meet the expectations of this program and the county child welfare agency.
8. What are your career goals?
9. Are you willing to commit to working in the State of Ohio at a public children services agency after graduation for one year?

**CLEVELAND STATE UNIVERSITY**  
**CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM**  
**Case Vignette**

Please read the case vignette below and write your responses. You can use a separate sheet entitled Case Vignette.

*The Smith family consists of a mother, father, and three children, the oldest being Eddie who is 10 years old. A suspected child abuse report alleges that Eddie was severely physically abused because he got bad grades on his report card. When you the worker arrive at the house for a home visit, Eddie's mother tells you that her husband beats Eddie, but she cannot say anything because she is afraid of her husband. You have done a criminal records check and found out that the husband was convicted of an assault charge related to domestic violence two years ago.*

As a public child welfare worker, what would be your goals in this case? Describe three things that you would do to address your goals. Please be specific.

**CLEVELAND STATE UNIVERSITY  
CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM  
AUTOMOBILE INFORMATION**

Name \_\_\_\_\_

Automobile Make/Model \_\_\_\_\_

License Plate Number \_\_\_\_\_

Physical conditions, family responsibilities or work commitments that require special consideration.

**Notifications:**

Applicants, Please Note: All child serving agencies are mandated by law to conduct criminal background checks, fingerprinting, and drug screening on all students serving in internships or field placements and all new employees. Students applying for the Child Welfare UPP program are hereby notified that having a felony conviction or sanctions for unprofessional conduct will impact potential for obtaining a field placement as well as social work licensure and future employment as a social worker. Previous family involvement with a Public Children Services Agency may impact potential for obtaining a field placement and employment at some Public Children Services Agencies. Driving records that include moving violations and driving under the influence may impact potential for obtaining a field placement and employment at some Public Children Services Agencies.



# Cleveland State University

*engagedlearning™*

*College of Liberal Arts and Social Sciences  
School of Social Work*

## Field Placement Disclosure Form

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

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

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

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Mailing Address: 2121 Euclid Avenue, CB 303 • Cleveland, Ohio 44115-2214  
Campus Location: Rhodes Tower, Room 1417 • 2121 Euclid Avenue • Cleveland, Ohio  
(216) 687-4560 • Fax (216) 687-5590*