

## SOCIAL WORK CEU COURSE INFORMATION

---

**Course Name:**

**Course Code:**

**Sponsoring Division:**

---

**Delivery method:** Virtual (synchronous) Online (asynchronous) Classroom (in-person)

**Class start date:**                      **Class end date:**

**Class start time:**                      **Class end time:**

**Class location:**                      **Room:**                      **Space Provision:**

**Social Work CEUs:**                      **Type of CEUs: General**                      Yes: No:

**Licensing levels for which this class is designed: Any level**

**Restrictions to who may enroll:**

**Minimum # attendees:**

**Maximum # attendees:**

---

**Organizational Plan:**

**Purpose:**

**Goals:**

**Objectives:**

**Competencies:**

---

**Other Information:**

**How this training enhances social work skills, values, and knowledge:** (needs to describe how it is of value beyond a specific agency or role.)

**Instructor qualifications:**

**Means of program evaluation:** *verbal report out of knowing and understanding the 4 questions*

**Agenda:**

**Participant performance requirements:**

---

***Course approved for social work CEUs:***     Yes     No

---

Department for Children and Families

---

Date

## Social Work CEU Class Information Instruction Sheet

**Course name:** Title of the training

**Course Code:** Can be assigned with help.

**Sponsoring division:** The DCF unit delivering or sponsoring the training (EES, PPS, etc.)

**Delivery method:** Method used to deliver the training (Classroom instructed, webinar, online, video, questions, discussion, etc.) Please provide a copy of the training material to include (but not limited to) power points, handouts, lecture notes, etc.

**Class start date:** Start date of the training **01/01/2030 as start date**

**Class end date:** End date of the training for a **1-day class, 01/01/2030 as end date; 2-day class, 01/02/2030 as end date, etc.**

**Class start time:** Start time of the training

**Class end time:** End time of the training

**Location:** Facility in which the training is being held

**Room:** If the facility has multiple rooms, the name or number of the room in which the training is being held.

**Space Provision:** Is there provision of accessible and adequate space? Yes/No

**Social Work CEUs:** The number of social work CEUs provided by this training.

**Type of CEUs:** The type of CEUs (If not Ethics, Safety, or DSM, leave blank)

**Licensing levels for which this class is designed:** Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), Any, etc.

**Restrictions to who may enroll:** Is the class limited to a particular discipline? Example: This class is for Social workers only. Or this class is for Case workers only.

**Minimum number of enrollees:** List the minimum number of persons who need to enroll for the class to be held.

**Maximum number of participants:** List the maximum number of persons who can attend the class.

### **Organizational Plan:**

**Purpose:** The purpose or rationale for taking the training

**Goals:** A listing of the goals or broad learning concepts presented in the training

**Objectives:** A listing of the objectives or what the participant will learn in the training (Remember, understand, apply, analyze, evaluate, create, etc.)

**Note:** The format and presentation methods need to correlate with the learning objectives and content.

**Competencies:** List all competencies which will be covered in this training.

### **Other Information:**

**How this training enhances social work skills, values, and knowledge:** A listing of the ways this training enhances social work skills, values, and knowledge

**Prerequisites:** List any trainings which the participant must complete before enrolling in this class.

**Instructor(s) Qualifications:** List the instructor's or instructors' qualifications. At minimum provide:

- University, College or Technical School attended
- Year graduated
- Major(s) and Degree(s)
- Professional licenses held
- Current and previous experience in your area of expertise. It is preferred to note the year started (ex. 1998) rather than years of experience (ex. for 14 years)

**Means of program evaluation:** Please submit the means by which the program will be evaluated.

**Agenda:** Provide the agenda for the training (This can be in the form of an attachment if desired). Please include a breakdown to include breaks.

Example:	8-9	Subject matter #1
	9-10	Subject matter #2
	10-1015	Break
	1015-noon	Subject matter #3
	Noon-1	Lunch
	1-3	Subject matter #4
	3-315	Break
	315-4	Subject matter #5

**Participant performance requirements:** List the minimum expectation for successful completion of the class and to award CEUs. Example: Minimum attendance of 80% for instructor led classes; pass final exam with score of 80% correct for online quiz.

**Course Approved for social work CEUs:** For Prevention and Protection Services Use Only.