

# Baltimore City Public School Social Work Association 2012/2013 School Year

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Please provide information on an effective, evidence-based clinical intervention you have found success in supporting your students. Please complete all the sections. By sending the form back, you are providing SWA permission to use your identifying information and intervention for training and publication purposes. Please do not include any identifying information on students.

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

TARGETED GRADE OF THE INTERVENTION: \_\_\_\_\_

DESCRIPTION OF THE INTERVENTION: \_\_\_\_\_

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DATA COLLECTION METHOD USED TO DETERMINE EFFICACY (e.g. scatter plot, frequency count of symptom exhibited): \_\_\_\_\_

SITE REFERENCE OF THE INTERVENTION (if applicable): \_\_\_\_\_

PERMISSION TO USE YOUR IDENTIFYING INFORMATION WHEN SHARING THIS INTERVENTION:

\_\_\_\_\_ YES \_\_\_\_\_ NO INITIALS \_\_\_\_\_

PERMISSION TO SHARE/PUBLICIZE THIS INTERVENTION:

\_\_\_\_\_ YES \_\_\_\_\_ NO INITIALS \_\_\_\_\_

PERMISSION TO USE YOUR IDENTIFYING INFORMATION WHEN SHARING THIS INTERVENTION:

\_\_\_\_\_ YES \_\_\_\_\_ NO INITIALS \_\_\_\_\_

Please scan and send this form to [baltimoreswa@gmail.com](mailto:baltimoreswa@gmail.com) or send by interoffice mail to Nicole Brooks at Central Office Room 211.