



College of Education and Social Work
SOCIALWORK PROFESSIONAL BEHAVIORS – CONCERN FORM

SECTION ONE – CONCERN

Student's Name: \_\_\_\_\_ Date (when concern was initiated): \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Competency: \_\_\_\_\_

Name of Person Who Observed the Behavior: \_\_\_\_\_ Status: \_\_\_\_\_

\*Staff only complete Section One and email this form to CESWAssessment@wcupa.edu\*

Description of the Behavior

Use measurable terms to describe the behavior. Include the date(s), setting(s), and a description of the concern (the professional behavior at issue).

SECTION TWO – CONFERENCE

Complete this section if you are meeting with the student in a formal conference regarding the concern outlined above.

Date of Conference: \_\_\_\_\_ Program: \_\_\_\_\_
(If different from the date the concern was initiated)

Faculty/Staff Present at Conference: \_\_\_\_\_

Expected Behavior

After the conference, describe the changes expected from the student and/or what the student will do differently in the future.

Does the concern warrant a Level 2 Department Review?

- NO - If the student receives another Level 1 concern at any point during their program, they will be immediately elevated to Level 2 requiring a Departmental Review.
YES - The concern will be elevated to a Level 2 requiring a Departmental Review. The Department Chairperson will contact the student.

\*Additional concerns may result in Level 2, 3, or 4 review process (see Professional Behaviors Handbook)\*

SIGNATURES

Signatures indicate you were a participant at the conference and read the above information.

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

Faculty/Staff: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_