

ANW Education Cooperative



Para Educator Request

Professional: _____

Date: _____

Type of Program services are for: _____

Location: _____

Additional Para Position # _____ requested

NEW _____ or Replacement _____ *If replacement for _____
(Para name)

**Para being replaced, would you recommend them for rehire? NO YES

Justification for Request

Please answer the following questions.

- a) Current number of primary students you serve _____
- b) Additional students being placed _____
- c) Current number of paras assigned to you now _____
- d) Describe the duties of your current para(s): _____
- e) Current number of Spec. Ed. paras in the building _____

f) Please attach a schedule which displays number of students per hour in resource room and in inclusion instruction. This schedule should reflect the person responsible for providing instruction.

g) Percentage of time the para will work in each setting

- 1) Self contained _____
- 2) Inclusion _____
- 3) one on one _____
- 4) Paperwork _____

h) Where did request originate

- 1) Special Ed teacher _____
- 2) Regular Ed teacher _____
- 3) Administration _____
- 4) Parent _____

Teacher signature

Date

