



Paraprofessional Support
Request Form

If you are requesting additional staffing in the form of a paraprofessional, please complete the information below. If a student transfers into the District and the student's IEP states they require paraprofessional assistance you do not need to complete this form. Instead, please forward a copy of the student's IEP to the appropriate Coordinator of Special and Gifted Education.

Student Name: _____ Grade: _____ School: _____

DOB: _____ Disability: _____

Special Education Teacher _____

Support Services (circle one): OT, PT, Speech, Vision, Hearing, Counseling, other _____

Number of Paraprofessionals assigned to case manager: _____

Medical Data (attach any relevant diagnosis or reports)

Diagnosis _____

☐ Non-ambulatory ☐ Ambulatory

Feeding issues: ☐ independent ☐ requires assistance ☐ feeding tube

Communication: ☐ verbal ☐ nonverbal ☐ AT/AAC device _____

- ☐ Current IEP (attach IEP)
- ☐ Observation by Behavioral Consultant, if appropriate (attach write-up)
- ☐ Behavioral Specialist Recommendations Implemented (See list below)
- ☐ Data collected (attach documentation)
- ☐ Building Administrator's observation (attach observation write-up)

Describe the behaviors of concern in a specific, measurable way:

What is the frequency and duration of the behavior of concern?



When does the behavior take place the most?

Where does the behavior take place the most?

With whom does the behavior take place the most?

How long has the behavior been displayed?

How has the environment of the classroom been modified to accommodate the student's needs?

What are the safety concerns or issues?



Accommodations Implemented (attach data sheet):

If approved, what are the benchmarks for fading paraprofessional?

IEP Team recommendation and justification (attach additional pages if needed):

☐ Refer to Coordinator of Gifted and Special Education for observation

Signature of person completing form: _____

Date form completed: _____

Principal's Signature: _____

Date received at CAO: _____

Signature of Gifted and Special Education Coordinator: _____

☐ Refer to Director of Student Services

Date submitted to Director of Student Services: _____

Signature of Director of Student Services: _____

☐ Refer to Manager of Talent Acquisition and Staffing

Date submitted to Human Resources Specialist for posting: _____