



Northern Lights Special Education Cooperative

www.nlsec.k12.mn.us

302 14th Street ~ Cloquet, MN 55720

(218) 879-1283 ~ FAX (218) 879-1285

Paraprofessional Request Form

Name of Student: _____ Date of Request: _____

Primary Disability: _____ District: _____

1. Provide the name and title of person(s) responsible for initial orientation and specific training to carry out the responsibilities of this position. _____

2. Provide the name and title of the person(s) responsible for directing and monitoring the work of the paraprofessional(s). _____

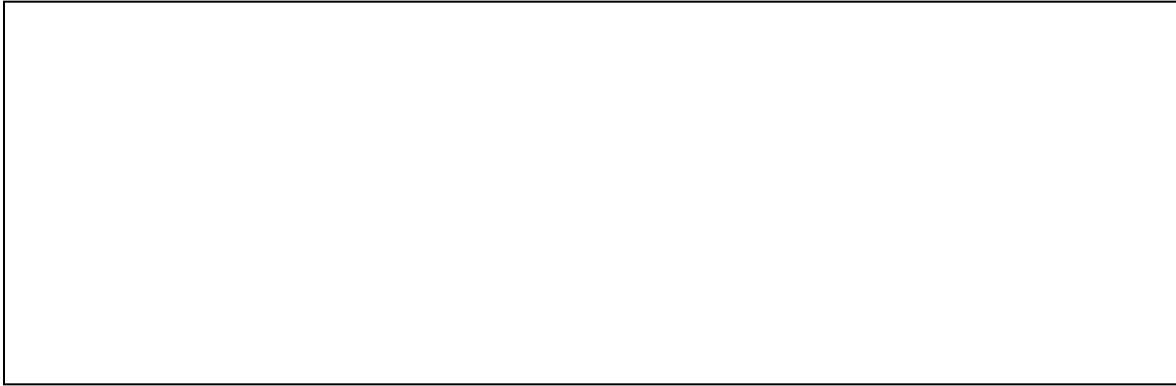
3. Describe the area(s) of specific support required by the student for learning to take place and/or needs the student has and the corresponding goal(s):

4. How will the paraprofessional assist the learner within the school setting? Please check all that apply.

- Academic support/delivery in the resource room
- Social skills support/delivery in the resource room
- Behavioral support/delivery in the resource room
- Academic support in mainstream
 - Reading materials to student
 - Assisting in note-taking
 - Modifying work/assignment
 - Behavioral support in mainstream
 - Other: _____
- Facilitating appropriate social skills in mainstream
- Assisting with functional skills/ADL's (eating, toileting, dressing)
- Recording of academic progress
- Filling out behavior charts/task cards
- Bussing duty per specific student need
- Documenting behaviors
- Assisting students in transitions throughout the school day
- Preparing daily schedules
- Following through/support of strategy related services
- Preparing materials under teacher direction
- Assisting students in lunchroom, setup feeding and/or monitoring
- Other: _____

5. Describe in detail the plan for reviewing, decreasing, or discontinuing (fade-out plan) the need for paraprofessional services

Paraprofessional needs should be discussed annually at the student's IEP meeting.



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April 2015