



Northern Lights Special Education Cooperative

www.nlsec.org

16 East Hwy 61; PO Box 40 ~ Esko, MN 55733

Phone (218) 655-5018 ~ Fax (218) 451-4511

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