

Request for Paraeducator

Date: _	School:	Teacher(s):	
Reques	st for replacement para	a: OR Request for new para position:	
Curren	t Number of Paras:	Number of special education children curren	tly serving:
Brief d	escription of the classi	coom/program makeup: (disabilities, curricular ne	eds, etc.)
Breif d	escription of the condi	tions that prompted this para request:	
How w	ill this para be utilized	? BE SPECIFIC:	
Time	Para Location	Para Duties/Students being served (include only IEP requirements)	Required by IEP? Y/N
	all relevant scheduler position verified by:	es: teacher and other paras using same format	as above
Keyston	e Admin	Building Principal	
District S	Superintendent		