KEYSTONE
LEARNING SERVICES

Request for Paraeducator

Date: _____ School: _____ Teacher(s): _____

Request for replacement para: _____ OR Request for new para position:_____

Request for additional hours for para _____

Current Number of Paras: _____ Number of special education children currently serving: _____

Brief description of the classroom/program makeup: (disabilities, curricular needs, etc.)

Breif description of the conditions that prompted this para request:

How will this para be utilized? BE SPECIFIC:

Time	Para Location	Para Duties/Students being served (include only IEP requirements)	Required by IEP? Y/N

Attach all relevant schedules: teacher and other paras using same format as above
Need for position verified by:

_____ _____
Keystone Admin Building Principal

_____
District Superintendent