KEYSTONE
LEARNING SERVICES

KNOWLEDGE

Para Staff Development Documentation
Knowledge Level Points

Complete 1st – used for documentation of training

Name: _____

Date of Staff Development: _____ Training Site: _____

Presenter _____ Number of Hours_____

Staff Development Topic: _____

☐ Video: _____ ☐ Reading (# of pages):_____

Description of Staff Development Activity:

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Paraeducator's signature Supervisor's signature

Please return this form to Melody Malone
Keystone Learning Services 500 Sunflower Blvd., Ozawkie, KS 66070

For Office Use Only:

☐ Approved ☐ Orientation ☐ Reading/Video

☐ Denied ☐ Training

_____
Administrator