

**Special Education Para-Professional
Assignment Information Form**

(Please forward this form to your district payroll person to assist with proper coding)

Para-Professional's name: _____

New Assignment _____ Change in Assignment _____

Para assigned to work 1 to 1 with a student? Yes ___ No ___

If Yes:

Student's name: _____

Student's Primary Disability: _____

Hours per day (1 to 1 time) assigned on IEP: _____

If No:

Hours per day assigned to Special Ed _____

Assignment Start Date: _____

Approved by: _____



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