

Special Education Paraprofessional Position Request Instructions

Documentation Needed Prior to Request

1. The use of a paraprofessional is based on a student's documented need.
 - Information and data must be significantly conclusive of the need for support or a team should develop a trial placement without a paraprofessional.
 - During the trial placement, observations should be conducted and data collected to document the need for support.
2. As part of any request for a paraprofessional, a functional behavior evaluation may be considered. If a functional behavior evaluation is not conducted, a clear and detailed explanation needs to be made as to why not. Additionally, the following should be completed:
 - Documented attempts to solve the problem including schedule changes and modifications of curriculum and equipment.
 - Evaluations to identify student strengths and needs (examples: ability testing, achievement testing, etc.)
 - A review of the evaluations by all IEP team members.
3. Before making the request for paraprofessional support, the IEP team should consider the following questions:
 - What specific task(s) does the student need help with?
 - How frequently do they occur?
 - Is there already someone in the building that can support the student's needs?
 - What tasks should the student be taught to do independently?
 - How will independence be built into the educational plan?
 - What training is needed and how should it occur?
 - Can help be given by another student?

Making the Request

1. The case manager needs to complete and attach the *Intensive Needs Checklist* and the *Student's Ability and Assistance Needs Matrix* using the documentation described above. Consideration should be given to the environments and activities where the student needs assistance and where the student needs opportunity for independent functioning.
2. Specify who would be the paraprofessional's supervisor (the special education teacher, in most cases). The nature and frequency of contact between the paraprofessional and supervisor should be specified as well as an evaluation policy and procedure.
3. Points to remember in making requests:
 - A student without an IEP cannot be assigned a paraprofessional paid by special education funds.
 - Paraprofessional time spent in general education activities not directly related to a student's needs cannot be reimbursed through special education funds (examples: lunch room duty, study halls, recess, etc.).
4. After completing the steps of this request, review information with administrator and other service providers.
5. The administrator then brings the final request to the IEP team.
6. Considerations should be given to the following questions at the IEP meeting using the data that has been gathered:
 - Does the paraprofessional need to be with the student during all parts of the day for all activities and in all environments? Designate environments and activities for student's independent functioning and assign para to other classrooms, school duties, breaks, lunches, etc.
 - Will the student become dependent on the paraprofessional? Does this conflict with the goal of becoming independent? If so, plan for ways to decrease dependence.
 - What is the target date for this student to function independently without the support of a paraprofessional?

Special Education Paraprofessional Position Request

Staff member completing this form: _____

Date: _____ Building: _____

Intensive Needs Checklist

- | | | |
|--|-----|----|
| 1. Is there a safety concern for self or others? Please describe. | Yes | No |
| 2. Does the student require continual teacher prompts during instruction and/or after instruction (e.g., during independent work)? | Yes | No |
| 3. Does the student require assistance with basic functional skills? | | |
| • Toileting | Yes | No |
| • Mobility | Yes | No |
| • Feeding | Yes | No |
| • Dressing | Yes | No |
| • Following basic safety rules | Yes | No |
| 4. Is the student's performance consistent with his or her aptitude? | Yes | No |
| 5. Do his or her peers include the student in classroom activities? | Yes | No |
| 6. Is the student currently receiving specialized small or individualized group instruction in specific academic areas? | Yes | No |

Please Describe:

7. Please note what interventions or program changes you have tried and describe their rate of Success (e.g., cooperative learning, behavior management plan, re-grouping within the classroom, pairing with other students):

If these interventions are not an option, please explain why:

- | | | |
|--|-----|----|
| 8. Has an administrator observed the student? | Yes | No |
| 9. Does the team recommend that this position be job-shared? | Yes | No |

Continued on Back

Goal # _____ Describe:

Goal # _____ Describe:

Goal # _____ Describe:

Identify the goal(s) and describe the opportunities for the student to practice the goals independently without paraprofessional help:

Goal# _____ Describe:

Goal# _____ Describe:

Goal# _____ Describe:

Describe the plan(s) for decreasing and reviewing the use of a paraprofessional and include target dates:

Describe the plan(s) for training the paraprofessional in helping the student to establish independence:

Two student observations are required. Persons responsible.

A. _____ (Administrator Required)

B. _____ (Other Professional)

Who will be responsible to coordinate paraprofessional training? _____

Who will be responsible for directing the work of the paraprofessional? _____

Staff member completing this form: _____

Date: _____

Building: _____

Student's Abilities and Assistance Needs Matrix

| Days of the Week | What student can do without assistance | What student cannot do and needs accommodations to complete | What student cannot do and needs assistance with | Identify areas to promote social acceptance and how peers will be utilized | Identify areas you will target for independence (should be identified in IEP) |
|------------------|--|---|--|--|---|
| Arrival/Time | | | | | |
| Period 1/Time | | | | | |
| Period 2/Time | | | | | |
| Period 3/Time | | | | | |
| Period 4/Time | | | | | |
| Period 5/Time | | | | | |
| Period 6/Time | | | | | |
| Period 7/Time | | | | | |
| Period 8/Time | | | | | |
| Departure/Time | | | | | |

Special Education Paraprofessional Position Request

Staff member completing this form: _____

Date: _____ Building: _____

IEP Manager Information – Describe the need for additional paraprofessional services using the following format:

A. Request is for:

- One on one paraprofessional – works primarily with 1 student

Student(s) name(s): _____

Comments: _____

B. Position is:

- Social Behavior temporary management services
- Social Behavior temporary intensive services program
- Functional Skills and Academic Paraprofessional
- Severely impaired student with self help needs
- Early childhood part-time position in community setting
- Job coach

C. Anticipated duration (if temporary):

D. Hours/days needed:

E. Have some students gained more independence that has in turn freed up some assistance time?

Date of Review: _____

Date Amended: _____

Team Members:
