

PARAEDUCATOR INSERVICE HOURS

NAME _____ SCHOOL _____

| DATE(S) | DESCRIPTION OF INSERVICE | CONTACT TIME |
|---------|--------------------------|--------------|
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A DESCRIPTION OF THE INSERVICE AND AN AGENDA MUST BE ATTACHED

| SEMESTER | COLLEGE | COURSE DESCRIPTION | CREDIT(S) |
|----------|---------|--------------------|-----------|
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A GRADE CARD OR TRANSCRIPT MUST BE ATTACHED

PARAEDUCATOR INSERVICE HOURS

NAME_____ SCHOOL_____

THE FOLLOWING MUST BE COMPLETED BEFORE SUBMITTING THIS FORM:

INSERVICE

- DATE OF INSERVICE
- DESCRIPTION OF INSERVICE
- CONTACT TIME ROUNDED TO CLOSEST QUARTER HOUR
- AGENDA ATTACHED

COLLEGE CREDIT

- SEMESTER ATTENDED
- COLLEGE ATTENDED
- COURSE DESCRIPTION
- CREDITS
- GRADE CARD OR TRANSCRIPT ATTACHED