SOUTH CENTRAL KANSAS SPECIAL EDUCATION COOPERATIVE **Rev.7/03**
PARAEDUCATOR ASSISTANCE REQUEST

Date of Request: / /
Supervising Professional Assigned:_____
Building/District of Assignment:_____

Students with exceptionalities are entitled to receive special education services. Special Education Services is defined as: "specially designed instruction to meet the unique needs of a child with an exceptionality".

- "**Specially designed instruction**" means adapting, as appropriate to the needs of each exceptional child, the content, methodology, or delivery of instruction for the following purposes:
  1) To address the unique needs of the child that results from the child's exceptionality, and
  2) to ensure access of any child with a disability to the general curriculum, so that the child can meet the educational standards within the curriculum to the extent appropriate.

Paraeducator assistance is considered a related service, if it consists of "specially designed instruction" to meet the unique needs of a child with a disability.

Non-instructional tasks, such as grading, sorting, cleaning, bulletin boards and other clerical responsibilities must be kept to a minimum within the educational setting(s).

Paraeducators and assigned student(s) must be supervised, at least weekly, by their assigned special education professional.

√CHECK ONE

_____Requesting additional instructional time for:_____
(Instructional Paraeducator)

Additional Time Req.:_____ Hrs._____ Min.-Daily Req. Starting Date:_____

_____Requesting employment of new paraeducator position

Minimum Time Req.:_____ Hrs_____ Min.-Daily Req. Starting Date:_____
What specially designed instruction is needed and currently not provided for an identified student(s)?

ADDITIONAL JUSTIFICATION AND SUPPORTIVE DOCUMENTATION MAY BE REQUESTED

Signatures verify that this position or change of position is needed in order to provide required specially designed instruction for an identified exceptional student(s).

_____	_____	_____
Supervising Professional	Building Administrator	District Superintendent

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Date:_____ SCKSEC Administrator:_____
_____Approve _____Disapprove