Paraprofessional Policies

LEA Self-Assessment

(The following criteria are based on federal and state law (SBE Rule 2360.2.12, 2360.2.13, 2360.2.16 and 20 USCS §1412, 34 CFR §300.504).

The purpose of this form is to review your paraprofessional policies.

Please fill in all the fields with a white background.

LEA’s Name and ID: \_\_LEA's name and ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Statute | Description  Briefly describe the policy addressing the statute in the row heading | Document/s  List the documents where the policy can be found – title of the document and page number are acceptable.  Please upload a copy of the document in SharePoint. | AOE Use Only  Compliant? |
| --- | --- | --- | --- |
| Evidence there is a detailed document describing required qualifications related to paraprofessional support. |  |  |  |
| Evidence there is a detailed document describing training related to paraprofessional support. |  |  |  |
| Evidence there is a detailed document describing certification or licensing related to paraprofessional support. |  |  |  |
| Evidence there is a detailed document describing policies and procedures related to paraprofessional support. |  |  |  |