

## **GUIDELINES TO BE USED BY SPECIAL EDUCATION TEAMS WHEN CONSIDERING RECOMMENDATION TO HIRE SPECIAL EDUCATION PARAPROFESSIONALS (PSA)**

1. Paraprofessionals are hired on the basis of need. Unless the information and data is significantly conclusive, the team should design a trial placement without an assistant. Observations should be made and data collected during this time to document need for an assistant.
2. Document attempts to resolve the problem first before considering an assistant; use consultants, schedule changes, curriculum and equipment modifications.
3. Complete assessments to identify student's strengths and needs. Include all appropriate disciplines. Do not rely on recommendations of outside agencies alone.
4. Include all the team members in a review of the assessments and the decision-making process.
5. The team should specify the exact role, duties, and activities of the assistant and include them in the "adaptations in general and special education" section of the IEP.
6. A student without an IEP cannot be assigned a paraprofessional paid through special education funds. Nor can paraprofessional time spent in general education activities be reimbursed through special education funds (e.g., lunch room duty, study halls, recess, etc.). Salaries must be prorated to allow for other duties.
7. Specify the assistant's supervisor and the teacher who will direct the work. Also specify the nature and frequency of contact between the assistant and teacher. Establish an evaluation policy and procedure.
8. Consider at each staffing:
  - A. Does the paraprofessional need to be with student during all parts of day for all activities and in all environments? Designate environments and activities for student's independent functioning and assign paraprofessional other classroom/school duties, breaks, lunches, etc.
  - B. Will/Is the student becoming dependent on paraprofessional? Does this conflict with goal of becoming independent? Plan for ways to decrease dependence.
  - C. What is the target date for the student to function independently without the support of a paraprofessional?

### **Questions to ask:**

1. What specific tasks(s) does the student need help with?
2. How frequently do they occur?
3. Is there already someone in the building that can accomplish the task?
4. What tasks should the student be trained to do independently?
5. How should that training occur?
6. Can help be given by another student?

**PARAPROFESSIONAL WORK PLAN REQUEST**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Case Manager \_\_\_\_\_ Date \_\_\_\_\_

Disability Area \_\_\_\_\_ IEP Date \_\_\_\_\_ Assessment Date \_\_\_\_\_

**Document the need for a paraprofessional by answering the following questions:**

What can the student do independently?

What specific task(s) does the student need help with?

What accommodations can be made to assist the student in being independent?

What interventions or program changes have you tried (e.g., cooperative learning, behavior management plan, regrouping within the classroom, pairing with other students)?

Is there already someone in the building that can provide the services noted above (e.g., another paraprofessional, a student)? Please describe why or why not.

a. What time during the day will the student not require assistance?

b. What time of day will the student require assistance? (See attached schedule)

Identify which student goal(s) from IEP will require a paraprofessional in order to be attained.

Goal # \_\_\_\_\_ Describe: \_\_\_\_\_

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Goal # \_\_\_\_\_ Describe: \_\_\_\_\_

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Goal # \_\_\_\_\_ Describe: \_\_\_\_\_

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

Goal # \_\_\_\_\_ Describe: \_\_\_\_\_

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Goal # \_\_\_\_\_ Describe: \_\_\_\_\_

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Goal # \_\_\_\_\_ Describe: \_\_\_\_\_

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

  
  
  

Describe the plan for training the paraprofessional in helping the student to establish independence.

  
  
  

Two student observations are required. Persons responsible: 1. \_\_\_\_\_  
 (See attached observation forms) 2. \_\_\_\_\_

Team conclusion: \_\_\_\_\_

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Team members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Target date for reviewing need for paraprofessional support: \_\_\_\_\_

Who will be responsible to coordinate paraprofessional training? \_\_\_\_\_

Who will be responsible for directing the work of the paraprofessional? \_\_\_\_\_

**PROCESS FOR SCHEDULING/IDENTIFYING PARAPROFESSIONAL TIME**

By completing this process you will have objective data indicating the number of hours each child needs support, the total number of paraprofessional hours your program requires, where the support is being delivered, and the distribution of hours during the day (times where more support is needed).

1. Identify the students currently receiving or who need paraprofessional support. Make sure that the need is documented on the student's individual education plan.
2. Identify the specific tasks or activities. This should also be documented on the plan.
3. Obtain copies of the students' schedules (ask the teachers for specific activities when possible; i.e., story, calendar, centers).
4. Place students' schedules on a grid so that all schedules can be seen at the same time
  - a. use half hour or hourly increments depending on breakdown of activities
  - b. group students by classroom, grade level (elementary) or schedule (secondary); this makes it easier to see if students can be paired for support
  - c. write in activities and classes including specials (art, music, phy. ed., computer, media) lunch, recess, snack, special education services
  - d. document student arrival and departure time
5. Meet with the classroom teacher to talk about times that the student can be independent within the classroom (mark these times with a small x to indicate teacher agreement). Do not make assumptions. As this process has been used, classroom teachers frequently identify times the special education teacher hadn't thought of.
6. Use a color code to increase the ability to visualize the blocks of time: independent in the classroom, mainstream classroom with paraprofessional support, resource room, speech and language or other pull out program.
7. Place initials of the paraprofessional in the block of time for each child they are assigned.
  - a. look to see if there is a possibility of pairing students for support (one paraprofessional assisting on the playground or during lunch, or in a classroom).
  - b. request paraprofessional input regarding the activities and level of assistance the student requires, emphasizing the need for student independence.
8. Indicate when the special education teacher is providing instruction.
9. Count down each column (vertical) to determine the amount of paraprofessional time each child needs.
10. Count across each column (horizontal) to determine the total number of paraprofessionals needed for each half hour or hour block.
11. Compare the needed amount of time to the current amount available.
12. Schedule paraprofessional start and end hours based on the distribution of time needed.

**SUMMARY OF STUDENT SCHEDULE**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Please fill in the class/subject for each half-hour block along with indicating the level of IA support for each block using the key below.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					

**Key**

- 1 Student is in independent class activity, no para in room
- 2 Student is in independent class activity, para is in the room
- 3 Student is in independent class but para checks at \_\_\_\_\_ minute intervals
- 4 Student is receiving 1-1 direct instruction within general education classroom
- 5 Student is pulled out to receive instruction in a special education environment
- \* Indicates problem areas/have questions and concerns

Copies: IEP File  
Principal  
Special Education Coordinator



**PARAPROFESSIONAL SCHEDULE**

Student Name & Grade →											No. of people needed
8:00											
8:15											
8:30											
8:45											
9:00											
9:15											
9:30											
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2:15											
2:30											
2:45											
<b>Total Para Time Needed Per Child →</b>											
	Independent										
	Speech/language										
	Resource room										
	Regular classroom with support										
X	When classroom teacher indicated student could be independent										

## SUMMARY OF TEACHER SCHEDULE

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Please fill in the class/subject for each half-hour block along with indicating the students you work with for each block below.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:00-8:30</b>					
<b>8:30-9:00</b>					
<b>9:00-9:30</b>					
<b>9:30-10:00</b>					
<b>10:00-10:30</b>					
<b>10:30-11:00</b>					
<b>11:00-11:30</b>					
<b>11:30-12:00</b>					
<b>12:00-12:30</b>					
<b>12:30-1:00</b>					
<b>1:00-1:30</b>					
<b>1:30-2:00</b>					
<b>2:00-2:30</b>					
<b>2:30-3:00</b>					

**STUDENT OBSERVATION FORM FOR DETERMINING PARAPROFESSIONAL SUPPORT**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Case Manager \_\_\_\_\_ Disability Area \_\_\_\_\_ Date \_\_\_\_\_

<p>1. Is there a safety concern for self or others? Please describe.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>2. Does the student require continual teacher prompts:</p> <ul style="list-style-type: none"> <li>• during instruction</li> <li>• after instruction (e.g., during independent work)</li> <li>• to remain on task</li> <li>• for disruptive behavior</li> </ul>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>
<p>3. Does the student require assistance with basic functional skills?</p> <ul style="list-style-type: none"> <li>• toileting</li> <li>• mobility</li> <li>• feeding</li> <li>• dressing</li> <li>• following basic safety rules</li> </ul>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>
<p>4. Is the student's performance consistent with his or her aptitude?</p>	<p>Yes No</p>
<p>5. Do his or her peers include the student in classroom activities? Is the student receptive to peer tutoring and support?</p>	<p>Yes No</p> <p>Yes No</p>
<p>6. Is the student currently receiving specialized small or individualized group instruction in specific Please describe.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>7. Are there times when the student can work independently? Please describe.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>

Comments:

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Date of Review: \_\_\_\_\_

Observer: \_\_\_\_\_