U.S.D. #617 SPECIAL EDUCATION
PARAEDUCATOR PROFESSIONAL DEVELOPMENT REQUEST FOR APPLICATION HOURS

Name: _____ Date: _____

Immediate Supervisor's Name: _____

Date of Knowledge Level Professional Development: _____

Hours received at Knowledge Level Program: _____ (Please include only the hours in attendance that covered the area you are requesting Application Level hours.)

Hours requested for Application Level Points: _____ (May not exceed two times the number of Knowledge Level points obtained.)

Describe how you have applied the knowledge and skills learned at the Knowledge Level program. Be specific and use the back if needed. (Application Level Professional Development is to be requested after having applied the knowledge and skills learned at the Knowledge Level for a minimum of 4 weeks.)

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Supervisor's summary verifying the ***application*** of the Knowledge Level program has been applied:_____

_____

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Supervisor's Recommendation:

_____ I recommend that this paraeducator receive Application Level points.

_____ I do not recommend that this paraeducator receive Application Level points for the following reason(s): _____

Supervisor's Signature: _____

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Application Professional Development Hours Earned _____ Director's Initials: _____
Specific Hours _____ or General Hours _____