

**U.S.D. #617 SPECIAL EDUCATION
PARAEDUCATOR PROFESSIONAL DEVELOPMENT REQUEST FOR
IMPACT POINTS**

Name: _____ Date: _____

Immediate Supervisor's Name: _____

Date of Knowledge Level Program: _____

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

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

Describe how you have had an impact on student outcomes by applying the Knowledge Level professional development over time. Be specific and use the back if needed. (Impact points may be requested after using the strategy over an extended period of time (at least 6 months), and there is documentation of positive student outcomes. *You will need to attach documentation of student outcomes.*)

Supervisor's summary verifying that the paraeducator's use of Knowledge Level professional development has impacted student outcomes. Documentation of student outcomes must be attached:

Supervisor's Recommendation:

_____ I recommend that this paraeducator receive Impact Level points.

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

Supervisor's Signature: _____

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