ADAMS WELLS
SPECIAL SERVICES COOPERATIVE

Paraprofessionals Class Specific Training Checklist

Name of paraprofessional: _____ TOR: _____

Building/Program: _____

This training involved information regarding the following classroom/subject :

_____

I have reviewed the following information:

- ☐ Present levels of performance
- ☐ Strengths and needs/Student characteristics
- ☐ Services the student receives for which I have some responsibility
- ☐ *Supplementary aids/services and accommodations for testing and classroom assignments
- ☐ Other critical factors for the education of this/these student(s)
- ☐ Goals/Benchmarks, as appropriate, which I am responsible to address
- ☐ FBA/BIP
- ☐ Health Plan
- ☐ Special Transportation needs
- ☐ Confidentiality
- ☐ Other: _____

*training must be provided regarding special needs and characteristics of special education students in the classroom. Other areas may be addressed as appropriate.

This training involved information regarding the following students (STNs):_____

_____

The above information covering the specific educational needs of the students in the classroom have been explained to me. I know that I can ask the teacher of record any additional questions or concerns I may have.

Paraprofessional signature: _____ Date: _____

Teacher signature: _____ Date: _____

Send copy to Director at AWSSC and Building Principal