

Approved [ ]  Number of hour approved \_\_\_\_\_\_\_\_\_ Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not Approved [ ]  Reason not approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approver Initials \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

 [ ]  Initial Request

 [ ] Continued Request – date of first request      /     /

1. **Document the need for a Critical Need Paraeducator by answering the following:**

Student(s) need(s):

[ ]  Academic assistance [ ]  Toileting

[ ]  Behavior support [ ]  Feeding/lunch

[ ]  Adapting general curriculum [ ]  Classroom assistance

[ ]  Monitoring transitions [ ]  Data collection

[ ]  Safety concerns [ ]  Bus assistance

[ ]  Self help

1. **If behavioral issues are a concern for this request then does the student(s) have a current Behavior Plan?**

**[ ]** Yes [ ]  No [ ]  Developing

1. **What supports and/or accommodations have been consulted with or used to help the student(s) (i.e., OT, PT, School Psychologist, Speech Language Pathologist, Teacher Specialist, Behavior Specialist, other school personal, peer tutors, etc.)? What were the results of the consultation, service or implementation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff | Support Provided | Results | Start and End Date |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. **Projected Need**

[ ]  Short-term: 2-6 weeks

[ ]  Long-term: 6 or more weeks

[ ]  End of current school year

1. [**Critical Need Para Application Schedule Template**](https://docs.google.com/spreadsheets/d/1F6NFKi2VwI3ICy1zQPGzkFPcvYcnjb64AWJeuLn9N9Y/copy#gid=221058433)
2. **Total Hours Requested** \_     \_
3. **Summarize the needs that require a Critical Need Paraeducator in order to be attained.**

|  |
| --- |
|       |

1. **Describe the plan to fade the Critical Need Paraeducator support while increasing student independence.** [**Support Document**](https://docs.google.com/document/d/1HFQp9EdGzmyFF6cSXwrrJoQUJovQivnjN6bPnUz85Sk/copy)

|  |
| --- |
|       |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Signature Date**