Logo, company name

Description automatically generated

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?**

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| Staff | Support Provided | Results | Start and End Date |
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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.**

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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)

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**Teacher Signature Date**

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**Principal Signature Date**