## **INSTRUCTIONAL PARAEDUCATORS**

Utah State Office of Education ATTN Barbara Bickmore P.O. Box 144200 Salt Lake City, UT 84114-4200 (801) 538-7612 barbara.bickmore@schools.utah.gov

Paraeducator Signature

Date

**Principal Signature** 

Date

## **SECTION 1:**

## PLEASE TYPE OR PRINT LEGIBLY IN INK. PLEASE COMPLETE ALL SECTIONS

Social Security Number Last Name		First Name		Middle Name		Maiden Name		
Birthdate		Gender		Ethnicity		U.S. Citizen YES / NO		
SECTION 2: School Information				SECTION 4: Home Address Information				
District		Beginning Date as Para		Address				
School		% in Para Assignment [ ]						
Highly Qualified YES / NO		% in Other Assignment [ ]		City			UT ZIP	
SECTION 3: Paraeducator <sub>Qualifications</sub>				Phone ( )				
Qualifications of Paraeducators Title 1, Part A, Subpart 1, Section 1119 Must meet ONE of the following requirements to be "highly qualified"								
Please check one of the boxes below IF you circled YES above:				E-MAIL				
Completed at least TWO years of postsecondary study. Must have a minimum			SECTION 5: Rigorous Standard of Quality					
of 48 semester hours from an accredited institution of l				Name of	f Test	Test Date		Score
Obtained an associate (or higher) degree from an accredited institution of higher education.			PRAXIS (ETS P	arapro)				
Met a rigorous standard of quality and can demonstrate, through a formal state academic assessment, knowledge of and the ability to assist instructing			High School Dipl	oma from which s	chool	State	Year	
reading, writing and mathematics. If you select this third box, Please indicate in Section 5 (to the right) what test you took, the date, and the score.								