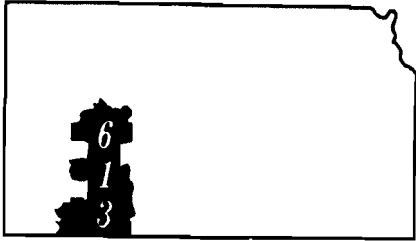


# Southwest Kansas Area Cooperative District #613



001 Ford Rd  
Ensign, KS 67841  
Phone: (620) 865-2054 Fax: (620) 865-2055  
Website: <http://www.skacd.com>

*"Providing Exceptional Education for Exceptional Children"*

## PARAEDUCATOR REQUEST

(Request for School Year 20\_\_-20\_\_)

Professional: \_\_\_\_\_ Para # \_\_\_\_\_ Date: \_\_\_\_\_

Special Ed. Program: \_\_\_\_\_ Location: \_\_\_\_\_

Paraeducator: \_\_\_\_\_ # of students in program \_\_\_\_\_  
(Give current para's name if returning or write in vacant if this is a new position or if current para is not returning.)

How many hours per day are you requesting for this para? \_\_\_\_\_

Please check all that apply:  Returning Para  New Position  Appeal  New Para  
 Additional Para  Transfer  Transportation  
 Change # of contract hrs. Add or Reduce \_\_\_\_\_ how many hrs.  
(Circle One)  
 Extra Hours  # of Extra Hours requested  
(To be used to add hours beyond contract for a one time situation-Inservice, field trips, etc.)

**\*\* Please attach a copy of your basic schedule.\*\***

**JUSTIFICATION FOR REQUEST: (Use back or additional sheets.)**

\_\_\_\_\_  
(Professional)

\_\_\_\_\_  
(Date)

**Local District Administrator**  
(Please put comments on the back)

Request Not Approved  
 Request Approved

\_\_\_\_\_  
(Building Principal or Superintendent)

\_\_\_\_\_  
(Date)

Request Approved  Request Not Approved \_\_\_\_\_ Maximum # of hours per day

Comments:

\_\_\_\_\_  
(SKACD Administrator) (Date)

## Local Administrator's Comments:

## Teacher Justification: