KEYSTONE
LEARNING SERVICES

Para Staff Development Documentation
Knowledge Level Points

Name: _____

Date of Staff Development: _____ Training Site: _____

Presenter _____ Number of Hours_____

Staff Development Topic: _____

☐ Video: _____ ☐ Reading (# of pages):_____

Description of Staff Development Activity:

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Paraeducator's signature Supervisor's signature

Please return this form to the Administrative Secretary, NEKESC, 1220 Walnut St., Oskaloosa, KS 66066, within 10 days of the staff development activity.

For Office Use Only:

☐ Approved ☐ Orientation ☐ Reading/Video

☐ Denied ☐ Training

_____
Administrator