**Para Name:**_____

**Date:** _____ **School:** _____**Teacher(s)** _____

**Current Number of Paras**: _____ **Number of special education children currently serving**: _____

**Brief description of the classroom/program makeup: (disabilities, curricular needs, etc.) and job duties:**

| Time | Para Location | Para Duties/Students (initials only) being served (include only IEP requirements) | Required by IEP? Y/N |
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**Attach all relevant schedules: teacher and other paras using same format as above**

_____ _____

Keystone Admin Building Principal

_____

SPED Supervisor