

ATTACHMENT A

Paraprofessional Preliminary Approval of Professional Training Points

Name of Paraprofessional _____

School _____ Date _____

Approval is requested for _____
(Title of Program)

Instructor _____ Sponsored by _____

Number of PTPs _____

Time of Meeting _____ Place of Meeting _____

Dates (Inclusive) _____ to _____

Please describe what benefits you could expect from taking this course and how it would aid you in your present job.

Preliminary approval is hereby granted. It is the responsibility of the paraprofessional to present a certificate of completion within 30 day of issuance from the sponsoring accredited institution to the Office of Student Services. Upon such presentation, PTPs will be recognized.

Student Services Director _____ Date _____

PTP Notification Received: _____ Taken _____

Number of PTPs granted _____

Preliminary approval of the Student Services Director is required for PTPs to be applied to advancement on the salary schedule. Submit in duplicate: one copy for the paraprofessional and one copy for the District Office files.