2026 – 27 Special Education Paraprofessional Training

Name:_____

First day of students _____

***8 hours of training completed BEFORE THE FIRST INSTRUCTIONAL DAY**
***50% of the training must be related to special education**
***All paras must review IEP goals and objectives, behavior plans, or other information as directed by the supervising teacher within 5 days of working with the students**

Up to 4 hours of general professional training completed:

	Circle	Hours
District All Staff Meeting	Yes/No	_____

Minimum of 4 hours of training related to Special Education completed:

Annual Freshwater or Sourcewell Paraprofessional Training	Yes/No	_____
Working with Supervising Teacher and reviewing IEP Goals/Objectives	Yes/No	_____

If needed: ParaEducator Modules or Infinitec Trainings: Please list and attach a certificate of completion

Infinitec Paraprofessional Training Modules

_____ _____

_____ _____

_____ _____

Before working with students, I reviewed IEPs and goals/objectives for the students I work with.

_____ _____

Employee Signature/Date **Supervising Teacher Signature/Date**

Administrator Signature/Date_____