

# MONTHLY PARA-EDUCATOR IN-SERVICE RECORD (LOG)



NAME:

MONTH:

(DUE THE LAST WORKING DAY EACH MONTH. Email to your Coordinator or deliver to IRMC )

DATE OF ACTIVITY	# OF HOURS	KNOWLEDGE APPLICATION IMPACT <i>Select one for each activity listed</i>	TITLE OF ACTIVITY	DESCRIBE the activity to show how the INFORMATION LEARNED will be used by special education <i>(for example "BIST" training for use with special ed student; lift and carry procedures for students with severe disabilities)</i> *APPLICATION [see below] *IMPACT [see below] ** College Hours – Attach Transcript and Prior Approval Form
PLEASE TOTAL → HOURS				<div style="text-align: center;">Sped Office Use Only</div> Reviewed by: _____ Approved <input type="checkbox"/> _____ Not Approved <input type="checkbox"/> _____

*\*Time should be submitted in 15-minute increments, i.e., 1.25 = 1 hour 15 min., 1.50 = 1 hour 30 min., 1.75 = 1 hour 45 min., etc.*

For each in-service activity, select one of the following options:

**Supervising teacher** – For each APPLICATION ACTIVITY the supervising teacher must verify by providing examples in the narrative which includes **frequency, duration & location of the para-professionals demonstration/application of the newly learned skill**

\_\_\_\_\_  
Signature of Supervising Teacher

1. Knowledge
  - KNOWLEDGE for activities such as orientation, building in-services, or other activities that provided information. Knowledge activities do not require the para-educator to use the information or skill with students. KNOWLEDGE activities are "sit and get" type activities. KNOWLEDGE activities will be credited with one hour of in-service for every clock hour of training.
2. \* Application
  - Select APPLICATION after applying the NEW skill learned from a training session. APPLICATION requires the supervising special education teacher verify by providing examples in the narrative that includes **frequency, duration & location of the para-professionals demonstration/application of the newly learned skill**. APPLICATION activities will be credited with Two hours of in-service for every clock hour of training.
3. \* Impact
  - Select this only when it can be verified that the application of the in-service activity has had an impact on student performance or the educational program of the school. (Contact your special education coordinator for approval.) Direct evidence must be provided showing the para-educator was directly responsible for the student performance. Each impact item is worth 3 times the number of hours that were recorded at the application level.

\*\* College Hours – 20 hours of inservice credit may be awarded for each college credit hour. Complete Prior Approval Form before completing college hour(s). After completion of college hour(s) attach Prior Approval form, and transcript to this completed in-service record. Send to Director of Special Education.