

**2017/2018  
 PARA EDUCATOR STAFF DEVELOPMENT RECORD**

Name: \_\_\_\_\_

Work Location / USD# / Bldg: \_\_\_\_\_

Start (1<sup>st</sup> Full Year): \_\_\_\_\_

Hours Needed \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date In-service	Location	Description	# of Hrs	Supervisor Verification Signature <b>required</b>

In-service Hours \_\_\_\_\_ College Hours \_\_\_\_\_ Total Hours \_\_\_\_\_  
 1 college credit hr=20 in-service hrs

Para Educator Signature required/Date \_\_\_\_\_

Principal Signature required (on Final Report only)/Date \_\_\_\_\_

<p><b>RETURN 1 (ONE) COPY TO NCKSEC NO LATER THAN DECEMBER 1          RETURN ORIGINAL FINAL REPORT (W/PRINCIPAL SIGNATURE) NO LATER THAN APRIL          1 QUESTIONS??????? - CALL 785-543-2149 FAX 785-543-6654</b></p>
---