

PARAEDUCATOR RESIGNATION FORM

Name: _____ Last Day of Work: _____

USD Worked: _____ Building Worked: _____

This form is to be completed by any paraeducator who resigns their position. You are to turn the completed form into your building principal or send/fax it the NCKSEC central office in Phillipsburg. (fax # 785-543-6654).

Did your salary have an influence on your decision to resign ?

YES NO

Did you feel you were an important and necessary part of the educational team in your building ?

YES NO

Did you feel accepted/respected by other staff members in your building ?

YES NO

Did you feel you had appropriate inservice/training to perform your assigned duties ?

YES NO

Reason(s) you resigned your paraeducator position ?

Do you have any recommendations for Interlocal # 636 pertaining to this position ?

The intent of this form is to help the NCKSEC improve our support of the students that we serve. All individual information provided will be kept confidential. We will only be using the information that you provide as group information.

Thank You !