



Paraprofessional Professional Development Training Credit

Please submit this form and attach proof of attendance (certificates or inservice credit form) for each course. All documentation of training must be approved by the immediate supervisor/administrator and submitted to Classification and Compensation in Human Resources **between April 16** (the end of the evaluation cycle) and **September 30**.

Professional development training credit will be recorded for attendance and successful completion of requirements for workshops and institutes inside and outside the SPS, provided the individual receives prior approval from their supervisor and that the workshop or institute is primarily a study session and/or classes for the improvement of skills.

If an employee completes sixty-four (64) total hours of professional development during the district calendar year from September 1 to August 31, and the employee gets a satisfactory evaluation, the employee will be recognized with a SPS Paraprofessional Professional Development Certificate for the current year and a bonus of \$3 per day/up to 182 days paid out during the next school year.

Name	Employee ID	Current Assignment

Select at least one criteria for each course listed below:

Training hours earned by paraprofessional staff between September 1 and August 31 shall be counted toward the Paraprofessional Professional Development Training Credit only if the content of the course meets one or more of the following criteria:

1. It is consistent with a school-based plan for student learning goals for the school in which the individual is assigned.
2. It addresses assessment, instructional and/or behavioral strategies for students.
3. It pertains to the individual's current assignment or expected assignment for the following year.
4. It is necessary for compliance or required by the individual's job description.
5. It is included in a college or university degree program that pertains to the individual's current assignment or potential future assignment as a certificated staff of the school district.

Name of Course	No. of Hours	Course Provider	Date Earned	Which criteria is applicable?

Total Hours This Page

Please submit this form and attach proof of attendance (certificates or other training records) for each course. All documentation of training must be approved by the immediate supervisor/administrator and submitted to Classification and Compensation in Human Resources **between April 16** (the end of the evaluation cycle) and **September 30**.

Name of Course	No. of Hours	Course Provider	Date Earned	Which criteria is applicable?
Total Hours This Page				

Employee Signature

Date

☐ This employee has received **prior approval** for the above training and the training meets the defined criteria.

☐ This employee has received an **overall rating of Satisfactory or above** on the evaluation for the current school year.

Supervisor/Administrator Signature _____ Date _____