

**Harvey County Special Education Cooperative
Paraeducator Inservice Record
Knowledge/Application/Impact Form**

Paraeducator

School

Supervisor's Name

Date

Knowledge Level Topic: _____

Date of Knowledge Level Training: _____

Number of Hours Requested: _____

Application Level Points Requested: _____ (up to 2 times the Knowledge Level
Training Points requested)

Description of Application of Knowledge: (i.e. dates, times, locations and how knowledge
was applied) _____

Impact Level Points Requested: _____ (up to 3 times the Knowledge Level
Training Points requested)

Attach data that supports request for Impact Points.

I verify that the Application hours requested by the paraeducator are an accurate reflection
of her/his work. _____

Signature of supervising professional

I verify that the Impact hours requested by the paraeducator are an accurate reflection of
her/his work. _____

Signature of supervising professional