KEYSTONE
LEARNING SERVICES

APPLICATION

Para Staff Development Documentation
Application Level Points

Complete 2nd – After Para demonstrates skill learned in knowledge training

Name: _____ Date of Application: _____

Date of Knowledge Level Activity: _____
Knowledge Level Activity Topic: _____

Presenter _____ Number of Hours_____

Description of Implementation Activity:

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Paraeducator's signature Supervisor's signature

Please return this form to the Administrative Secretary, Keystone, 1220 Walnut St., Oskaloosa, KS 66066, within 10 days of the staff development activity.

For Office Use Only:

☐ Approved ☐ Implementation

☐ Denied

_____
Administrator