

BUTLER AREA SCHOOL DISTRICT
Paraprofessional/Personal Care Aide Tracking Form

Paraprofessional's Name: _____
(print)

Date of Training/Meeting: _____

Paraprofessional's Assigned Building/School: _____

Title of Training or Meeting: _____

Attach agenda or summary of training/meeting.
Be sure name of presenter for training/meeting is included in agenda or summary.

Amount of Time Allotted: _____

Check one of the following (to be completed by Paraprofessional):

- Non-paid, voluntary activity
- Activity during contractual day

(No events outside of district scheduled summer workshops can be time sheeted without approval)

Principal or Supervisor of Special Education Signature: _____

Approval Date: _____

- *Keep a copy of this form for your records and **submit original to Betsy O'Shurak in the Special Education Office at the Administrative Building along with your agenda or summary.***
- *This form is to be used when attending meetings or trainings approved by your principal or supervisor that will count toward the 20 hours of professional development that is required for all paraprofessionals and personal care aides yearly (July 1 through June 30 of each school year).*
- *Trainings or meetings must be relevant to your assignment.*
- *All events at BASD or offered outside BASD must be pre-approved by your Building Principal or Special Education Supervisor.*