**PRE-SERVICE TRAINING DOCUMENTATION**

**Paraprofessional**

**Paraprofessional Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Hours** | **Topic** | **Para** | **Trainer** |
|  |  | **Tour Facility/Introductions to Staff** |  |  |
|  |  | **Distribute a Copy of the District Handbook** |  |  |
|  |  |  **District Policies** |  |  |
|  |  |  **District Forms** |  |  |
|  |  |  **CDE Rules** |  |  |
|  |  |  **CDE Guide 5.04(c)** |  |  |
|  |  |  **CDE Forms** |  |  |
|  |  |  **Copy of License 5.04(a)** |  |  |
|  |  |  |  |  |
|  |  | **Bus Stops – If Applicable** |  |  |
|  |  |  **Loading and Unloading** |  |  |
|  |  |  **Counting Students** |  |  |
|  |  |  **At the Bus Stop** |  |  |
|  |  |  |  |  |
|  |  | **Emergency Evacuations** |  |  |
|  |  |  **Front Door** |  |  |
|  |  |  **Rear Door** |  |  |
|  |  |  **Split Front/Rear/Side** |  |  |
|  |  |  **Windows/Hatch** |  |  |
|  |  |  **Special Needs Evacuations 5.06(c)** |  |  |
|  |  |  |  |  |
|  |  | **Activity Trips** |  |  |
|  |  |  **Rest Stops** |  |  |
|  |  |  **Other Responsibilities** |  |  |
|  |  |  |  |  |
|  |  | **Confidentiality 5.04(b)** |  |  |
|  |  | **Mandatory Reporting 5.04(b)** |  |  |
|  |  | **First Aid/CPR/Universal Precautions 5.04(e)** |  |  |
|  |  |  |  |  |
|  |  | **Safe School Plan** |  |  |
|  |  |  **Bullying** |  |  |
|  |  |  **Harassment** |  |  |
|  |  |  |  |  |
| **Date** | **Hours** | **Topic** | **Para** | **Trainer** |
|  |  | **Student Management** |  |  |
|  |  |  **Discipline Policy** |  |  |
|  |  |  |  |  |
|  |  | **Special Education** |  |  |
|  |  |  **Student Medical Information 5.06(a)** |  |  |
|  |  |  **Student Behavioral Information 5.06(a)** |  |  |
|  |  |  **Student IEP/504 Information 5.06(a)** |  |  |
|  |  |  **Disabling Conditions 5.06(b)** |  |  |
|  |  |  **Required Equipment 5.06(b)** |  |  |
|  |  |  **Behavior Modification 5.06(b)** |  |  |
|  |  |  **De-escalation Techniques 5.06(b)** |  |  |
|  |  |  **Legal Requirements 5.06(b)** |  |  |
|  |  | **Special Needs Evacuations 5.06(c)** |  |  |
|  |  |  **Operation of Power Lift 5.06(d)** |  |  |
|  |  |  **Proper Placement on Lift 5.06(d)** |  |  |
|  |  |  **Proper Securement on Lift 5.06(d)** |  |  |
|  |  |  **Wheelchair Securement 5.06(e)** |  |  |
|  |  |  **WTORS Securement 5.06(e)** |  |  |
|  |  |  **CSRS Securements 5.06(e)** |  |  |
|  |  |  **Proper Maintenance and storage of CSRS**  **and W/C Securement Devices 5.06(e)** |  |  |
|  |  |  **Medication** |  |  |
|  |  |  |  |  |
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**Date Training Started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trainer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My signature confirms that I have received all of the training in the above-listed subjects.**

**Paraprofessional Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**