

Oklahoma State Department of Education
Special Education Paraprofessional Training Provider Annual Application

Name of Local Education Agency: _____

Contact Person: _____

Email address of Contact Person: _____

Office Number: _____

The Code of Federal Regulations (CFR), Section 300.156 states that (a) "the State Education Agency (SEA) must establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained, including that those personnel have the content knowledge and skills to serve children with disabilities."

CFR, Section 300.207 states that "the LEA must ensure that all personnel necessary to carry out Part B of the Act are appropriately and adequately prepared, subject to the requirements of 300.156 and section 2122 of the ESEA. The LEA assures that it will identify local needs of personnel to ensure that they are appropriately and adequately trained to provide services to students with disabilities."

Structure of Planned Special Education Paraprofessional Training (ex. Schedule: all day, evenings, weekend):

Dates of the Planned Special Education Paraprofessional Training (include start date and planned completion date):

Name of Qualification of Instructor(s):

The Special Education Paraprofessional Training must include the following competencies:

- Historical and Legal Foundations of Special Education;
- Job, Professional, and Ethical Responsibilities;
- Individualized Education Program Process and Participation;
- Disability Awareness;
- Interaction and Communication Strategies; and
- Behavior Strategies, Data Collection, and Progress Monitoring



May 2014

If this application is accepted, I acknowledge that our responsibilities include:

1. Providing training that meets the required competencies.
2. Maintaining documentation to demonstrate that each participant has received training in each competency area.
3. Ensuring that participants understand that completion of the Local Education Agency (LEA) training does not qualify for the state paraprofessional registry.

Program Contact:

Signature_____

Name_____

Title_____

Preferred Submission Method:

Submit completed application electronically to: Special.Ed@sde.ok.gov

Alternative Forms of Submission:

Fax: 405-522-1590 (attention: Special Education Paraprofessional Training)

Mailing Address:

OSDE: Special Education Services
SPED Paraprofessional Training
2500 N. Lincoln Blvd Suite 510
Oklahoma City, OK 73105-4599

For Office Use Only:

Application Approved or Denied (Circle One) for _____ school year.

Signature of OSDE Personnel:_____

Date of Approval:_____