

# Paraprofessional Training Checklist

Case Managers of new paraprofessionals please complete and hand in at the end of the school year as documentation of training.

Case Manager: \_\_\_\_\_

School Year: \_\_\_\_\_

Paraprofessional: \_\_\_\_\_

Training for all Paraprofessionals						
Checklist Items	Yes	No	NA	Date Covered	Initials	Comments (Optional)
Para Pro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Med Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PCA DHS Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Blood-born pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency procedure		<input type="checkbox"/>	<input type="checkbox"/>			conducted by case manager
Building orientation		<input type="checkbox"/>	<input type="checkbox"/>			Conducted by case manager
Roles and responsibilities		<input type="checkbox"/>	<input type="checkbox"/>			Conducted by case manager or Infinitec video "paraprofessional roles and responsibilities"
Confidentiality		<input type="checkbox"/>	<input type="checkbox"/>			Done by case manager, administration or Infinitec
Mandated reporting		<input type="checkbox"/>	<input type="checkbox"/>			Infinitec video "understanding privacy in education" Under commonly required presentations
Training specific to assignment and other training, (Infinitec, etc.)						
	Time spent	Yes	No	Date Covered	Both Initials	Comments
Knowledge of Care Plan		<input type="checkbox"/>	<input type="checkbox"/>			
PCA Annual Training		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			