Paraprofessional Handbook

Northome School

~~2025-2026~~

2026-2027

Credentials for Paraprofessionals and Professional Development

In accordance with Minnesota Statutes, sections 121A.642 and 120B.363, the school will provide required paid training to paraprofessionals, Title I aides, and other instructional support staff.

Annual training

Each eligible employee will receive at least eight hours of paid orientation or professional development each school year. At least six of the eight hours must be completed before the first instructional day of the school year or within 30 days after the employee is hired.

Training must be relevant to the employee's duties and may include collaboration with classroom teachers and planning for the school year. For paraprofessionals who provide direct support to students, at least 50 percent of the required training must address applicable paraprofessional training requirements.

Initial training

Within the first 60 days of supervising or working with students, each paraprofessional must receive initial training in:

- Emergency procedures;
- Confidentiality;
- Student vulnerability;
- Mandatory reporting and other reporting obligations;
- Student discipline policies;
- Paraprofessional roles and responsibilities; and
- Building orientation.

Additional training may address student characteristics, teaching and learning environments, academic instructional skills, student behavior, ethical practices, student independence, applicable laws and district procedures, and collaboration with licensed teachers.

The district may incorporate applicable initial-training subjects into its annual orientation and professional-development program. Employees must attend assigned training and complete all required attendance or training documentation. Participation in required training is paid work time.

The district will consult with the employees' exclusive representative before developing or planning the training required under section 121A.642. A school administrator will annually certify the district's compliance to the Minnesota Department of Education.

~~Minnesota has established legislation, the State of Minnesota Omnibus Education Bill of 1998- Article 2, Section 9, which says (b) For paraprofessionals employed to work in programs for students with disabilities, the school board in each district shall ensure that:~~

1. ~~Before or immediately upon employment, each paraprofessional develops sufficient responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs of the students with whom the paraprofessional works;~~
2. ~~Annual training opportunities are available to enable the paraprofessional to continue to further develop the knowledge and skills that are specific to the students with whom the paraprofessional works, including understanding disabilities, following lesson plans, and implementing follow-up instructional procedures and activities;~~
3. ~~A district wide process obligates each paraprofessional to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse~~.

Role Clarification: The Paraprofessional and the Supervising Teacher

Teachers and paraprofessionals are partners in education, working together to provide the best educational experience possible for each child. The special education paraprofessional's role is to assist the teacher and allow more effective utilization of the teacher's abilities and professional knowledge. The teacher must function in a leadership role. It is the teacher's responsibility to assure that the students are moving toward achievement of individualized goals and objectives. Paraprofessionals serve under the direction and supervision of the teacher to assist in carrying out the individualized education program. In order for paraprofessionals to provide direct instruction to the student, teachers must plan and prescribe the learning environment and instruction for the student. Teachers must train the paraprofessional in the specifics of the instruction, evaluate student progress and monitor the effectiveness of the paraprofessional's implementation of the instructional strategies.

A clear delineation of roles of the teacher and the paraprofessional is an important element of a successful program. Identification of teacher and paraprofessional roles ensures adherence to ethical and legal requirements and serves as a guide in supervision and evaluation. Actual delivery of instruction to the student may be carried out by the paraprofessional under supervision of the teacher.

The teacher's responsibilities to the learner include:

- Assessing the student's entry level performance,

- Planning the instruction for individual students,
- Implementing the goals and objectives of the individualized education plan,
- Supervising and coordinating the work of paraprofessional and other support staff,
- Evaluating and reporting student progress,
- Involving parents in their child's education, and
- Coordinating and managing information provided by other professionals.

The teacher also has a number of roles to fulfill in the proper utilization of the paraprofessional in the classroom:

- Set an example of professionalism in execution of teacher responsibilities;
- Establish the criteria for acceptable job performance of the paraprofessional at the beginning of the school year;
- Provide consistent feedback to assist the paraprofessional in refining skills;
- Communicate the needs of each student to the paraprofessional; ● Establish and communicate the paraprofessional's role in behavior management;
- Assign the paraprofessional responsibilities which facilitate the teacher's ability to provide more direct student instruction; and
- Assist the paraprofessional in defining his/her position as an authority figure.

Role of the Paraprofessional

Various factors influencing the specific responsibilities assigned to the paraprofessionals include: Characteristics and personalities of teachers, paraprofessionals and students; interpersonal skills of both teachers and paraprofessionals; the skill level of the paraprofessionals; and the physical environment of the classroom. Individual teachers may vary the responsibilities of the paraprofessional to enhance the program of instruction. The following list illustrates instructional and administrative duties that could be assigned to paraprofessionals.

- Assist individual students in performing activities initiated by the teachers.
- Supervise children in the hallway, lunchroom, and playground.
- Assist in monitoring supplementary work and independent study. ● Reinforce learning in small groups or with individuals while the teacher works with other students.
- Provide assistance with individualized programmed materials.

- Score objective tests and papers and maintain appropriate records for teachers.
- Perform clerical tasks, i.e., typing and duplicating.
- Assist the teacher in observing, recording, and charting behavior. ●

Assist the teacher with crisis problems and behavior management. ●

Assist in preparation/production of instructional materials.

- Carry out instructional programs designed by the teacher.
- Work with the teacher to develop classroom schedules.
- Carry out tutoring activities designed by the teacher.
- Operate and maintain classroom equipment including ipads, chrome books, etc.

The paraprofessional may perform these instructional duties:

- Assist in organizing field trips.
- Read aloud or listen to children read.
- Assist students in performing activities that have been initiated by the teacher.
- Hand out papers and collect paperwork.
- Assist with supplementary work for advanced pupils.
- Provide special help such as drilling with flashcards, spelling, and play activities.
- Assist in preparing instructional materials.
- Reinforce learning with small groups.
- Assist children in learning their names, addresses, telephone numbers, birthdays, and parents' names.
- Supervise free play activities.
- Prepare flash cards and charts.
- Prepare art supplies and other materials.
- Hear requests for help, observe learning difficulties of pupils, and report such matters to teachers.
- Score objective tests and papers and keep appropriate records for teachers.

Instructional duties the paraprofessional may not perform:

- Be solely responsible for a classroom or a professional service.
- Be responsible for the diagnostic functions of the classroom.
- Be responsible for preparing lesson plans and initiating instruction.
- Be responsible for assigning grades to students.

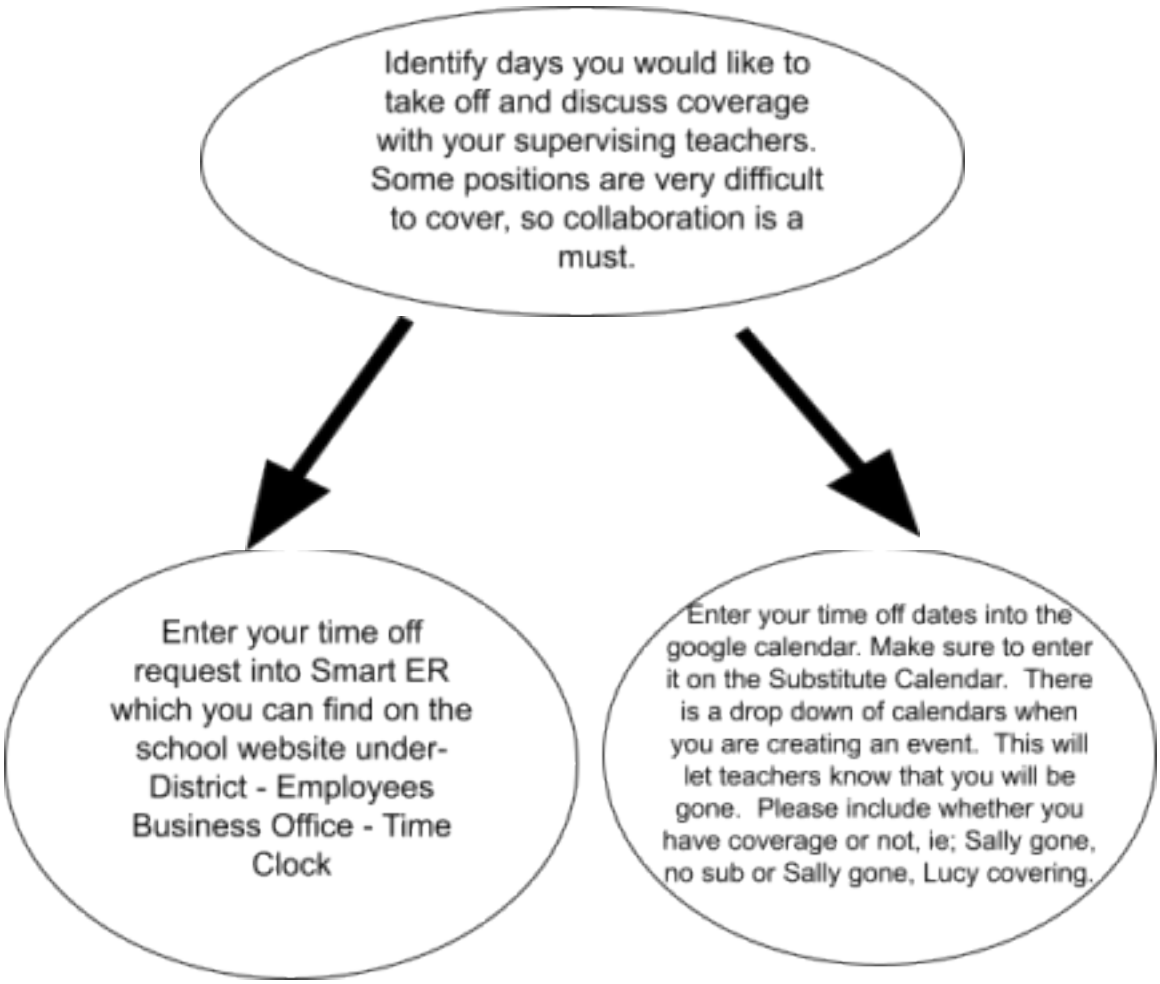
● Assume full responsibility for supervising assemblies or field trips.
● Perform a duty that is primarily instructional in nature.

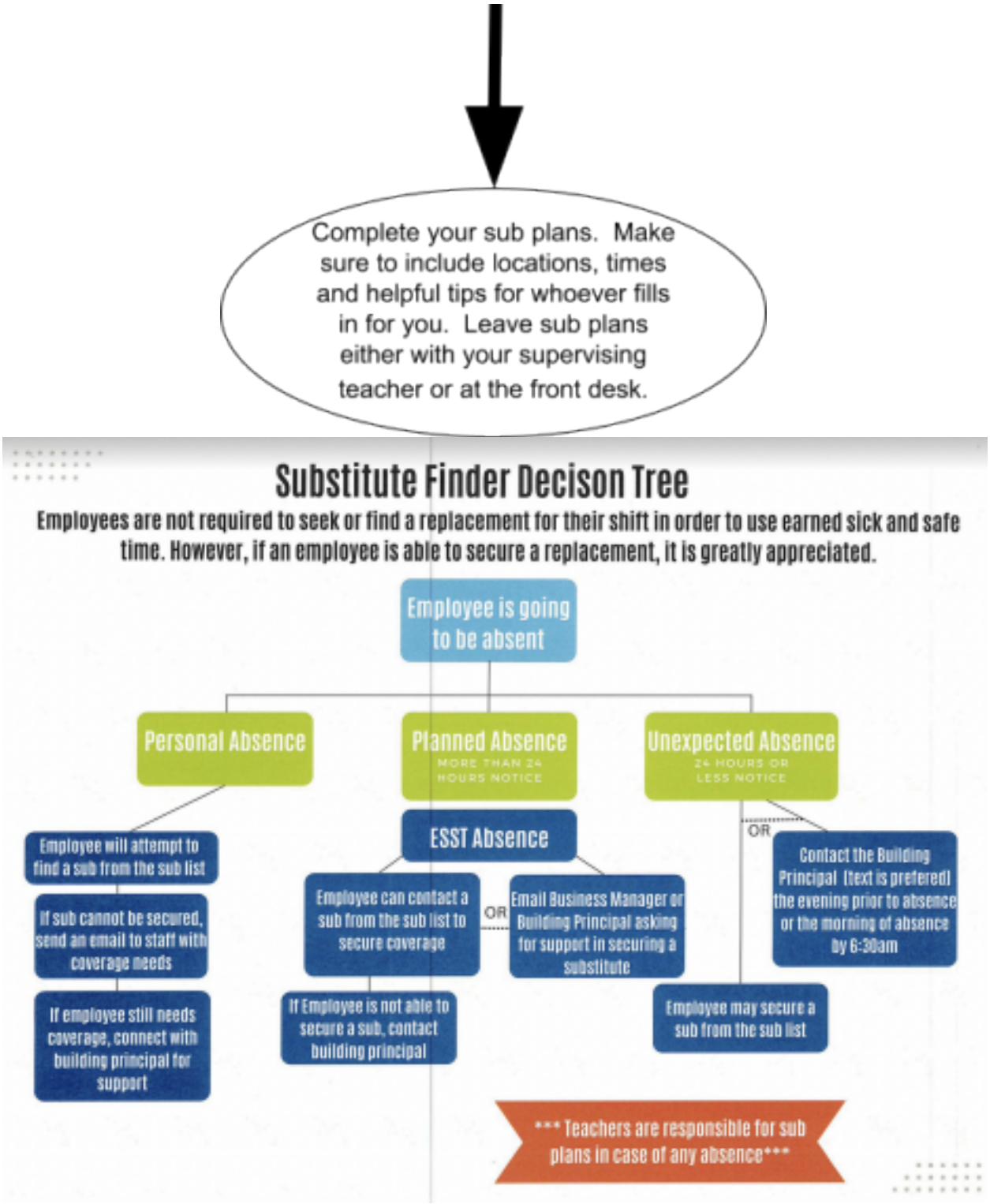
Non-Instructional duties the paraprofessional may not perform: ●

Shall not assume full responsibility for planning activities.

● Shall not take children to clinic, dental, or medical appointments unless permission is granted by authorized personnel.
● Shall not prescribe educational activities and materials for children.
● Shall not grade subjective or essay tests.
● Shall not regulate pupil behavior by corporal punishment for similar means.

How to take time off





General Ethical Considerations for Working with Students with Disabilities

As a key part of the educational team, paraprofessionals have a commitment to maintain ethical standards of behavior in their relationships with students, parents, supervisors, and other school personnel. Teachers have a responsibility to help the

paraprofessional develop ethical responses to situations that arise. The code of ethics below is designed to establish guidelines for appropriate behavior.

Accepting Responsibilities

- ➢ Engage only in activities for which you are trained or qualified.
- ➢ Do not communicate progress or concerns about students directly to parents.
- ➢ Refer concerns expressed by parents, students, or others to your directing teacher.
- ➢ Recognize that the directing teacher has the ultimate responsibility for the instruction and behavior management of children and follow the directions prescribed by him/her.

Relationship with Students and Parents

- ➢ Discuss a child's progress limitations, and educational program only with the directing teacher in the appropriate setting.
- ➢ Discuss school problems and confidential matters only with appropriate personnel and only when students are not present.
- ➢ Refrain from engaging in discriminatory practices based on student disability, race, sex, cultural background, or religion.
- ➢ Respect the dignity, privacy, and individuality of all students, parents, and staff members.
- ➢ Present yourself as a positive adult role model.
- ➢ Use behavior management strategies consistent with standards established by your school district and directing teacher.

Relationships with Teachers

- ➢ Recognize the role of the teacher as the supervisor of his/her classroom.
- ➢ Express differences of opinion only when students are not present. ➢ Establish communication and a positive relationship with the teacher. ➢ Discuss concerns about the teacher or teaching methods directly with the teacher.
- ➢ If issues are not resolved, then discuss concerns only with the teacher's direct supervisor.
- ➢ Do not discuss teacher problems with students, other teachers, paraprofessionals, or parents.
- ➢ Follow the behavior management approach established by the teacher.

Relationship with the School

- ➢ Accept responsibility for improving skills
- ➢ Become familiar with school policies and procedures
- ➢ Represent the school and its programs in a positive manner
- ➢ Refrain from gossiping about problems with those who cannot assist in the solution

Ultimately, these ethical guidelines mean that both the teacher and paraprofessional must take responsible action to insure that the best interests of individual students are being met. The ethical responsibility for the proper use of paraprofessionals rests with the special education teacher and administrator. The paraprofessional must be specifically prepared to uphold the ethics of the teacher community.

Assessment and Evaluation

Assessment is the process of collecting and interpreting information relating to a child with a disability for the purpose of determining the child's present skills to form a base on which new learning experiences can be planned. Before a child can receive special education services a thorough evaluation is carried out. Depending on the areas of concern, it would include a comprehensive look at the child's physical, cognitive, academic, social, emotional and language development. Generally teachers and other professional staff members are responsible for conducting the assessment activities. Often, however, paraprofessionals are asked to help identify the child's functional capabilities or provide specific observations regarding the child.

Based on the evaluation data, the team made up of professionals and parents, determine if the child meets criteria in one or more disability areas identified by the state of Minnesota. After a child is placed in special education, a re-evaluation is conducted at least every three years to determine if special education is still needed.

Paraprofessionals are often asked to provide data regarding a student they work with during the evaluation as a means of documenting progress and determining areas of need. This documentation may be in the form of anecdotal reports, checklists or formal and informal observations.

Observing and Keeping Good Data

Acquiring and using objective skills of observation and keeping data are important to all paraprofessionals. Much of the information needed by the team to determine whether or not children are gaining new skills is acquired by careful observation and good record keeping. In addition, observation will keep the team posted on whether or not the individuals are learning and using the functional skills necessary to let them achieve the

objectives and long-term goals that are outlined in the IEP.

The written information as to what has been observed is called “data.” It serves as a more permanent record of what is seen or heard and, when done well, is an objective account of the individual’s activities and skills. It is important to keep written data on all the observation activities. If this is not done, there is a risk of reporting inaccurately what happened.
Carrying out observations and keeping data must be done with an objective point of view. Sometimes, we may be tempted to let our biases or prejudices get in the way. We may like one student better than another and tend to look more favorably on his/her activities. It is very important to guard against the inclinations and to put down precisely what is seen or heard and to avoid anything that is stigmatized by personal perceptions of a child or a specific behavior.

Observation is:
Systematically watching what a person does and says and recording behaviors in order to make instructional decisions. Observation should:

- Be done for a specific reason
- Provide samples of a child’s/student’s behavior over a period of time in a variety of settings
- Be objective

Observation Means:

- Watching events without being affected by personal prejudices/ biases ● Watching what is happening without guessing at the reasons that cause the action
- Watching the activity without judging whether it is good or bad
- Producing an objective record that states exactly what an observer sees and hears

Through observation, we can learn what the child can do, what the child likes or dislikes, how the child behaves under various circumstances and how the child interacts with people.

Observing Objectively
There are two points to remember when making observations:

- A behavior must be **observable** and
- A behavior must be **measurable**.

In other words we must be able to see or hear a behavior and we must be able to count or time how often a behavior occurs.

Keeping Data

There are several ways to keep data. They include:

Checklists- These may be in the form of standardized checklists that include specific skills and behaviors based on developmental levels, or a list of behaviors compiled by the teacher. When paraprofessionals work with a checklist, they simply watch the child and record whether or not the behavior described is observed.

Anecdotal Records- These usually consist of a sentence or two written in a notebook that describe what the child is doing at a specific moment. When making an anecdotal record, only behaviors that can be **seen or heard** and behaviors that **can be counte**d should be recorded.

Interviewing- This specific kind of record keeping, one in which the team is trying to determine what the child likes or dislikes, what the child's interests are, or other feelings or beliefs that cannot be observed. When interviewing, it is extremely important to record precisely what the child says. There is no room for editorializing in this kind of record.

Frequency or Duration Notes- Sometimes the information that is to be collected refers to how often or how long behavior is occurring. For example, the team may want to know how many times a child talked to or communicated with playmates or how often a child initiated conversation with peers. For this kind of record keeping, paraprofessionals will count the frequency of behavior occurring, to observe how long or frequent the behaviors are.

Confidentiality and Its Application

Confidentiality is one of the most critical and important aspects of your job as a paraprofessional. It's your legal responsibility to observe both the rights of individuals with disabilities and parents in regard to data privacy. Follow these guidelines where issues of confidentiality are concerned:

- ➢ Never refer to other students by name in another staffing or conference with other parents.
- ➢ Don't share specific information about an individual's program or unique needs in the staff lounge, hallways, or out in the community.
- ➢ Take questions you have about the organization's policies on confidentiality to the directing teacher or principal.
- ➢ Go through the proper channels to access confidential information. Make sure you are authorized to do so.

- ➢ If you question policies and procedures used with an individual, discuss this privately with your directing teacher. There is often confidential information that directs specific programming of which you may not be aware.
- ➢ Speak and write responsibly when passing on information. Be aware of who might hear you or read what you have written.

You have access to a variety of information regarding students. This information may include test scores, behavior, attendance, family history, and personal records. The most important aspect of ethical practice is for you to maintain confidentiality regarding the students and their families. All school staff are required by law to keep student and family information confidential. Information regarding the student should only be shared with teachers and staff who work directly with the student.

Always ask yourself…….

- ➢ What information would you want discussed with others regarding your child?
- ➢ What would you like said about yourself as a parent?
- ➢ What would you like said about your family, your values, your lifestyle?

Communicating with parents and families

Another situation in which you may need to communicate with your supervising teachers regards contacts, either written or verbal, with family members. Given your close proximity to students, you may sometimes come in direct contact with parents or other family members. Ongoing communication with parents is the responsibility of the case manager and classroom teacher. However, there may be situations in which you are the person to whom parents initially communicate a need or questions. Be sure to inform the teachers about the information discussed.

Social Media

Please be mindful of what you post and respond to on Facebook and other social media platforms. ~~as everything you post represents our school.~~ Your online activity may reflect on our school, and you are responsible for the content and image portrayed. Paraprofessionals should not add, accept, or maintain students or their parents/guardians as friends or connections on personal social media accounts. All communication with families must occur through school-approved channels.

Child Abuse and Neglect

Children who are experiencing abuse or neglect need help from the people in their community. Providing a safe community for children takes determination and

commitment on the part of everyone. As a paraprofessional who works with children and families, you are in a key position to help protect children from harm. In Minnesota as a mandated reporter, you have a legal obligation to make a report if you know or have reason to believe a child is being neglected or abused or has been neglected or abused in the preceding three years. You are personally responsible and cannot shift the responsibility to your supervising teacher or to other persons such as the principal in your building.

Anyone who reports child abuse or neglect in good faith is immune from any civil or criminal liability. The reporter's name is confidential, accessible only upon consent of the reporter or by court order. Anyone who is required to report and fails to do so is guilty of a misdemeanor. If you are uncertain whether or not a situation should be reported, you may call your local social service agency. The child protection staff there will help you decide if a report should be made based on the information you have.

The following points taken from ¨what can I do¨ to prevent harm to children prepared by the Minnesota Department of Human Services Child Protective Services, may be helpful in identifying children in need of protection, and are based on materials developed by school personnel. While no one indicator is proof that a child is being neglected or abused, these are some signs to be aware of.
Abused or neglected children may:

- Seem unduly afraid of their parents;
- Often have welts, bruises, untreated sores, or other injuries;
- Show evidence of poor overall care;
- Be given inappropriate food, drink, or medication;
- Exhibit behavioral extreme. For example: crying often or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn.
- Be wary of physical contact, especially when an adult initiates it, or become apprehensive when an adult approaches another child, particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.

- Exhibit a sudden change in behavior. For example: displaying regressive behavior-pants wetting, thumb sucking, frequent whining, becoming disruptive or becoming uncommonly shy and passive.

- Take over the role of parent, being protective or otherwise attempting to take care of the parent's or younger sibling's needs.

- Having learning problems that cannot be diagnosed. If a child's IQ and medical tests indicate no abnormalities, but the child still cannot meet normal expectations, the answer may well be problems in the home; one of which might be attention, wandering and who easily becomes self-absorbed.

- Be habitually truant or late to school. Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears, or when an older child is kept home to care for younger siblings. In other cases truancy may indicate a lack of parental concern or ability to regulate the child's schedule.
- Arrive at school too early and remain after classes rather than going home.

- Be tired frequently and sleep often in class.

- Be inappropriately dressed for the weather. Children who never have coats or shoes in cold weather are receiving less than minimal care. On the other hand, those who regularly wear long sleeves or high necklines on hot days may be dressed to hide bruises, burns or other marks of abuse.

Reporting Procedures:

When you call social services to make a report, you will be asked information which will assist child protection to identify the child and family, evaluate the problem and respond quickly and appropriately. You will be asked:

- Your name and phone number;
- What happened to the child and when;
- Where the child is now;
- The names and addresses of the parents/caretakers; and
- first hand knowledge you have about the child or family.

As a mandated reporter, you must file a written report within 72 hours, exclusive of weekends and holidays, of your verbal report. Child protection must respond immediately to a report of infant medical neglect or a child in imminent danger. If a child

is not in imminent danger, child protection must initiate an assessment within one working day with the following exception: initiating an assessment can be delayed up to 72 hours if more serious reports prevent the agency from responding within one working day and if the child will not be in imminent danger during that time.

Because of confidentiality and privacy laws, child protection is limited in what they can discuss with you, even when you are working with the family, unless the family consents to an exchange of information. Any mandated reporter can, upon request of the local social service agency, receive a summary of the disposition of the report, unless such release would be detrimental to the best interests of the child.

* Forms can be found under the appendix to assist you with making a report. Ask your lead teacher for assistance if you need it.
*All public school employees have a responsibility to be mandatory reporters under the Abused and Neglected Child Reporting Act. Bring any concerns or questions you may have to your lead teacher or the principal.

Characteristics of Learners

Paraprofessionals will need to understand the cognitive, physical, emotional, and social characteristics that are generally associated with children identified as in need of special education services. Children may exhibit one or more characteristics to varying degrees. The following are the definitions and descriptions of the state of Minnesota eligibility criteria for special education services.

Autism
Autism Spectrum Disorders (ASD) means a range of pervasive developmental disorders that adversely affect a pupil's functioning and result in the need for special education instruction and related services. ASD is a disability category characterized by an uneven developmental profile and a pattern of qualitative impairments in several areas of development: social interaction, communication, or restricted repetitive and stereotyped patterns of behavior, interests, and activities, with onset in childhood. Characteristics can present themselves in a wide variety of combinations from mild to severe, as well as in the number of symptoms present, for example Autistic Disorder, Childhood Autism, Atypical Autism, Pervasive Developmental Disorder: Not Otherwise Specified, Asperger's Disorder, or other related pervasive developmental disorders. (M.R. 3525.1325)

Deaf/Blindness
"Deaf-blind" means medically verified visual loss coupled with medically verified hearing loss that, together interfere with acquiring information or interacting in the

environment. Both conditions need to be present simultaneously and must meet the criteria for both visually impaired and deaf and hard of hearing. (M.R.3525.1327)

Deaf/Hard of Hearing
"Deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures. Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services. (M.R. 3525.1331, Subp 1)

Developmental Delay
Early childhood special education must be available to children from birth to seven years of age who have a substantial delay or disorder in development or have an identifiable sensory, physical, mental, or social/emotional condition or impairment known to hinder normal development and need special education. (M. R. 3425.1350, Subp. 1)

Developmentally Adapted Physical Education: Special Education "Developmental adapted physical education: Special education" means specially designed physical education instruction and services for pupils with disabilities who have a substantial delay or disorder in physical development. Developmental adapted physical education: special education instruction for pupils age three through 21 may include development of physical fitness, motor fitness, fundamental motor skills and patterns, skills in aquatics, dance, individual and group games, and sports. Students with conditions such as obesity, temporary injuries, and short-term or temporary illnesses or disabilities are termed special needs students. Special needs students are not eligible for developmental adapted physical education: special education. Provisions for these students must be made within regular physical education as described in Minnesota Statutes, Section 126.02. (M.R. 3525.1352, Subp. 1)

Emotional Behavioral Disorder
"Emotional or behavioral disorder" means an established pattern characterized by one or more of the following behavior clusters:

A. Severely aggressive or impulsive behaviors,

B. Severely withdrawn or anxious behaviors, general pervasive unhappiness, depression or wide mood swings, or

C. Severely disordered thought processes manifested by unusual behavior patterns, atypical communication styles and distorted interpersonal relationships.

This category may include children or youth with schizophrenic disorders, affective disorders, anxiety disorders, or other sustained disturbances of conduct or adjustment when they adversely affect educational performance. The established pattern adversely affects education performance and results in either an inability to build or maintain satisfactory interpersonal relations necessary to the learning process, with peers, teachers, and others, or failure to attain or maintain a satisfactory rate of educational or developmental progress which cannot be improved or explained by addressing intellectual, sensory, health, cultural, or linguistic factors. (M.R. 3525.1329)

Developmental Cognitive Delay (DCD)

DCD refers to pupils with significantly subaverage general intellectual functioning resulting in or associated with concurrent deficits in adaptive behavior that may require special education instruction and related services. (M.R. 3525.1333)

Other Health Impaired

"Other health impaired" means a broad range of medically diagnosed chronic or acute health conditions that may adversely affect academic functioning and result in the need for special education instruction and related services. The decision that a specific health condition qualifies as other health impaired will be determined by the impact of the condition on academic functioning rather than by the diagnostic label given the condition. (M.R. 3525.1335)

Physically Impaired

"Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services. (M.R. 3525.1337.)

Severely Multiply Impaired

“Multiple disabilities” means concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness. (34 CFR 300.7(c)(7))

"Severely Multiply Impaired" means a pupil who has severe learning and developmental problems resulting from two or more disability conditions determined by assessment under part 3525.2500. (M.R. 3525.1339)

Specific Learning Disability

"Specific learning disability" means a condition within the individual affecting learning, relative to potential and is

A. Manifested by interference with the acquisition, organization, storage, retrieval, manipulation, or expression of information so that the individual does not learn at an adequate rate when provided with the usual developmental opportunities and instruction from a regular school environment;
B. Demonstrated by a significant discrepancy between a pupil's general intellectual ability and academic achievement in one or more of the following areas: oral expression, listening comprehension, mathematical calculation or mathematics reasoning, basic reading skills, reading comprehension, and written expression;

C. Demonstrated primarily in academic functioning, but may also affect self-esteem, career development, and life adjustment skills. A specific learning disability may occur with, but cannot be primarily the result of visual, hearing, or motor impairment; cognitive impairment; emotional disorders; or environmental, cultural, economic influences, or a history of an inconsistent education program. (M.R. 3525.1341)

Speech or Language Impairment

Fluency disorder

"Fluency disorder" means the intrusion or repetition of sounds, syllables, and word; prolongation of sound; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with effort to speak. Fluency patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.(M.R. 3525.1343, Subp.1)

Voice Disorder

"Voice disorder" means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.2) **Articulation disorder**

"Articulation disorder" means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological patterns. Articulation patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.3)

Language disorder

"Language disorder" means a breakdown in communication as characterized by

problems in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder. (M.R. 3525.1343, Subp.4)

Traumatic Brain Injury

"Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's education performance and result in the need for special education and related services. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; speech/language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory perceptual and motor abilities; psychosocial behavior; physical functions; information processing. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.(M.R. 3525.1348)

Visually Impaired

"Visually impaired" means a medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special education instruction and related services may be needed. (M.R. 3525.1345)

Respectful interactions towards students

You may develop a close relationship with the student(s) you support on a daily basis. Thus, it is important that you consider what interactions are the most respectful to the student(s) and those around him or her. Your body language, tone of voice, facial expression, choice of words, and age appropriate language all need to be considered when communicating with the student(s).

Facilitating Positive Student Behavior and Social Interaction Skills

Paraprofessionals will want to observe a child's emotional, social, and behavioral skills to:

- Assist in developing their peer and adult relationships;
- To reinforce a positive self-concept in teh student;
- To encourage understanding of the student's own and other's feelings and perspectives;

- To demonstrate and reinforce on task behavior;
- To encourage problem solving and planning for prosocial behaviors, and
- To watch for things that promote or interfere with the students' learning.

Children are most likely to succeed if they feel good about themselves and their abilities. How a person feels on the inside is how he will act on the outside. A student with high self-esteem is going to demonstrate motivation, self-confidence, security, eagerness to learn, happiness, cooperation, risk taking, friendliness, responsibility, independence, and creativity. A child with low self-esteem is going to have difficulty making decisions, taking initiative, sharing, being kind to friends, building relationships, and demonstrating self-control.

Paraprofessionals will often work directly with students who have low self-esteem. Children with and without disabilities struggle with these issues of self-esteem; However, students with disabilities face greater frustration and failure when compared to peers. By building a trusting relationship in a positive and caring environment, the paraprofessional can assist the student in feeling secure. By building an awareness of the students unique qualities and assisting them to identify and express emotions and attitudes, the paraprofessional can help the student define a sense of who they are. Promoting group acceptance and support will increase the student's skill at making friends. When the paraprofessional enhances the student's ability to make decisions, seek alternatives and identify consequences, they increase the child's academic and behavioral performance.

Children with disabilities will be working to develop skills in all of the personal, social, and functional areas. Paraprofessionals are key in assisting children to develop independent functioning skills. It is important that teachers and paraprofessionals assist all children to practice these skills daily.

Appendix

I. Substitute Folder

One important aspect of your role as a paraprofessional is to work hard at maintaining consistency for the students you work with. Obviously, the most consistent programming occurs when you are able to be in attendance every day. However, since illness, injury, and other unexpected events might occasionally require your absence, it is key that you develop a substitute folder to be used by the person who steps into your role in your absence.

Generally speaking, you will want to create your substitute folder a few weeks after school has begun so that schedules and expectations are fairly well set.

Your substitute folder should:

- ➢ Include a copy of your daily schedule with times and locations where you work.
- ➢ List the names of students you work with during each time and notes regarding the type of support you provide, any differences in student schedules, and any extra duties you manage during those times (i.e. recess, lunch room, hallways, seeing the nurse for medications).
- ➢ Include basic information regarding student behavior plans, goals, etc. ➢ Identify basic information regarding emergency procedures (i.e. fire drills, lockdowns)
- ➢ Tells where needed resources (i.e. extra paper, pencils) can be found ➢ Explain extra activities that can be done with students in the event of extra time or a schedule change.
- ➢ Be clearly labeled and stored in a way that maintains confidentiality.
- ➢ Be readily available in the event of your absence.