

**Sedgwick County Area Educational Services Interlocal**  
**Para Staff Development KNOWLEDGE Documentation Form**

Staff Member Name: \_\_\_\_\_

Date of Staff Development: \_\_\_\_\_ Training Site: \_\_\_\_\_

Staff Development Topic/Title: \_\_\_\_\_

- Knowledge Level** \_\_\_\_\_ (amount of time or Credit)
- Workshop \_\_\_\_\_
  - Video: (name & length) \_\_\_\_\_
  - Reading (# of pages): \_\_\_\_\_ Title/Source: \_\_\_\_\_  
(1 book permitted per school year)
  - Infnitec –Title \_\_\_\_\_  
Quiz Credit: \_\_\_\_\_

Description of Staff Development: (give name of presenter if there was one): \_\_\_\_\_

**Knowledge Level: "What I learned"**

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\_\_\_\_\_  
Paraeducator's signature

\_\_\_\_\_  
Supervisor's Initial

(Please write the appropriate information on your Inservice Record and attach)

For Office Use Only:

  

Approved  
Denied

  

Orientation/Training (other)  
Application Eligible

\_\_\_\_\_  
Para Facilitator \_\_\_\_\_