

Carbon Lehigh Intermediate Unit #21

4210 Independence Drive Schnecksville, PA 18078-2597 Robert J. Keegan, Jr. Executive Director

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September 2007

Dear Paraeducators:

Please read the attached form carefully. If you wish to submit coursework **other than courses in the TOPS** series for credentialing consideration, you must fill out this form for **each** additional course you submit.

It is important to note the necessity to submit this completed form **together with** the verification of course or workshop completion. **Please make a photocopy of the form and all verifications for your file.** The Credentialing Review Committee will meet three times a year to review all paperwork submitted. The schedule for submission has been indicated on the form.

The Credentialing Committee will then return the form to you, indicating approval/disapproval and the standards that have been met by your course work. Photocopy the form with the approval noted, giving the original to your supervisor and keeping the photocopy in your file.

Please make sure you have read and completed the entire form, **up to but not including** the section under "Committee Use."

Yours in education,

Educational Consultants



Paraeducator Credential of Competency Form (for submission of course work other than TOPS workshops)

Name:	Today's Date:
Home Address:	
Home Phone:	Work Number:
Email:	Job Position:
Job Assignment/Location:	
Supervisor:	
Course/Workshop Title:	
Date of Completion:	·
Date of Completion.	
Location of Course/Workshop	·
Name of Instructor:	
Course/Workshop Description/Syllab	bus:
Course, Course Course	
☐ Verification of Course/Works	shop Completion
(CPE Tracker Form, Copy of Cer	rtificate of Attendance, Copy of Transcript)
O Classes taken in Classes taken in Classes taken in Classes taken in Please send to: Terrie Geisel, Educational Cons	tion lance by the following dates: the Fall semester – no later than January 31 st the Spring semester – no later than April 30 th the Summer semester – no later than September 30 th
☐ Not Approved	Essential Knowledge/Skills
Signature/Committee Chairperson:	Date: