Guidelines for Paraprofessionals Completing Western’s Residency Program in Special Education Licensure

Name of Resident: ________________________________________________________________

Name(s) of mentor(s) _____________________________________________________________

The following is a list of non-negotiable guidelines for paraprofessionals seeking to complete their residency year. **Before you proceed, please check with your district’s HR department to ensure that they will allow you to hold your paraprofessional position while completing your residency year.** Once you have done that, confirm that you are able to satisfy each requirement and obtain authorization from your mentor(s), principal and district HR professional.

Please send the completed form to the Director of Educator Preparation at ed_admissions@western.edu. Please allow two weeks for review.

**Western Paraprofessional Resident Requirements**

1. Special Education Teacher Resident is able to:
   - Meet with the mentor a minimum of one hour per week (monthly if added endorsement candidate).
   - Have consistent access to the mentor to ask special education related questions.
   - Be formally observed by the mentor in special education instruction a minimum of 4 times during the residency year. One of these observations must be an IEP meeting which will be led by the resident.
   - Work with the mentor to plan how he/she can meet residency requirements.
   - Assume a 5-week lead teach in the spring semester. This may involve the mentor assuming the paraprofessional responsibilities or the resident temporarily resigning from their paraprofessional position. *Alternative configurations will need to be pre-approved by Western Colorado University.*

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<th>Mentor Initials</th>
<th>Resident/Paraprofessional Initials</th>
<th>Principal Initials</th>
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2. Resident will have the opportunity teach a lesson in an environment that is more (or less) restrictive than their primary classroom setting.

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3. Residency will follow the gradual release model, where:
   - In the fall semester, the resident will lead teach for part of the day, gradually assuming more responsibilities as the semester progresses.
   - In the fall semester, the resident must lead one IEP meeting with the mentor’s support and work with a general education teacher to co-teach one unit for 3 weeks.
   - In the spring semester, the resident will assume leadership for at least half of the day.
   - Sometime between March-May, the resident will lead teach full time for a minimum of five weeks. This will involve either the mentor assuming the paraprofessional responsibilities or the resident temporarily resigning from their paraprofessional position.
Please describe briefly the plan for the lead teaching experience:

________________________________________________________________________________

________________________________________________________________________________

Mentor Initials | Resident/Paraprofessional Initials | Principal Initials

4. Examples of milestone projects in special education that resident will be able to during residency
   a. facilitate an IEP meeting, comprehensive evaluation or reevaluation, an assistive technology
      evaluation, a behavior plan and functional behavior assessment.
      e. Participate in a MTSS committee and creation of MTSS student plan at least once.
      f. Collaborate with a general education teacher to create a differentiated content area unit.
      g. Complete a transition assessment and plan for students served in 18+ program.

Mentor Initials | Resident/Paraprofessional Initials | Principal Initials

5. Instruction can include whole group, small group or individual instruction in the least restrictive
   environment, or it can include push-in or pull-out model support. Residents working as
   paraprofessionals can be within any level of restrictive special education environment using a gradual
   release model of mentoring. However, special education instruction opportunities must be
   available with a consistent group of students throughout the yearlong residency.

Mentor Initials | Resident/Paraprofessional Initials | Principal Initials
### Resident’s Schedule

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<th>Times</th>
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<th>Daily total of hours in Residency</th>
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### Instructions for Completing the Schedule

1. Please color-code the schedule to make it easier to distinguish between times you are engaged in paraprofessional work and times you are engaged in residency work.
   a. Highlight the times you will be in your mentor’s classroom as a resident in **green**.
   b. Highlight the times you will be working exclusively as a paraprofessional in **yellow**.
2. Add as many rows as are necessary.
3. Specify the content that will be taught during each block.
Please have your mentor(s), principal and district HR professional review this completed form and sign below to confirm that Western’s requirements will be met for your residency year while working as a paraprofessional.

Contact Information

School Name:_________________________________________________________________________

School Phone Number:_________________________________________________________________

District Name:________________________________________________________________________

HR Phone Number:_____________________________________________________________________

Signatures

Resident

____________________________________________________________________________________
Printed Name __________________________ Signature ____________________________

Mentor(s)

____________________________________________________________________________________
Printed Name __________________________ Signature ____________________________

____________________________________________________________________________________
Printed Name __________________________ Signature ____________________________

Principal

____________________________________________________________________________________
Printed Name __________________________ Signature ____________________________

District HR Professional

____________________________________________________________________________________
Printed Name __________________________ Signature ____________________________

For Office Use Only

Received by: ______________________________ Date: ______________________________

Position/Placement Approved: ☐ Date: ______________________________

Position/Placement Denied: ☐

Comments/Notes:

Clinical Coach Signature(s):