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Ш	New Request			
	Updated Request			

## EDMONDS SCHOOL DISTRICT NO. 15

## PARAEDUCATOR TRANSFER REQUEST FORM

## Must be submitted to Human Resources by June 1

Name:			Phone #:	Date:			
Current Classification L	evel/Pro	gram:					
Check FIVE schools or education, check the app	program ropriate	s you are w box.	rilling to work at. If you are intere	sted in working in special			
	S	special Ed.		Special Ed.			
Alderwood Middle Beverly Elementary Brier Elementary Brier Terrace Middle Cedar Way Elementary Cedar Valley K-8 Chase Lake Elementary College Place Elementary College Place Middle Edmonds Elementary Edmonds Homeschool Res C Edmonds-Woodway High Hazelwood Elementary Hilltop Elementary Lynndale Elementary Lynnwood Elementary Lynnwood High Madrona School Maplewood Parent Co-op	tr.		Meadowdale Middle Meadowdale High Mountlake Terrace Elementary Mountlake Terrace High Oak Heights Elementary Seaview Elementary Scriber Lake High Sherwood Elementary Spruce Primary Terrace Park Westgate Elementary Work Adjustment EEC/Alderwood Deaf and Hard of Hearing Progra Life Skills Program Visually Impaired Program Developmental Kindergarten Intensive Support Emotionally Behavior Disabled	m			
Martha Lake Elementary Meadowdale Elementary Minimum number of hot	Н ars willir	g to work:					
			upervisor to review your personne	I file.			
Comments:		·····					
			(Signature)				
		Return to	Human Resources Division				
		(Hum	DISPOSITION nan Resources Use Only)				
Transferred	Transferred Location:						
Request Expired Other	Date:						

## PARAEDUCATOR TRANSFER REQUEST FORM

**INSTRUCTIONS:** Describe all relevant work experience. Start with your current position, and give major duties, dates of employment, and hours per week.

Current Position/Scho	ool Location:			
Major Duties:				
Date of hire in this po	sition:		Hours per week:	
·				
			Hours per week:	
Previous Position (if a	applicable):			
Major Duties:				
			Hours per week:	
	•			
Special Skills				
Small group instruct	ion and/or 1:1	l instruction	n: (Please describe)	
Working with specia	l needs studer	nts: (Please	e describe)	
Working with limited	d English spea	aking stude	ents: (Please describe)	
First aid training:	Yes	Date of	of Training:	
	No	Willin	ng to enroll in course:Yes	No
Other:				