



Paraeducator Certification Recommendation

Applicant:

Applicant Name: _____ Applicant Folder #: _____

Applicant Email: _____ Maiden/Other Names: _____

Signer:

This form is to be completed by the approved Paraeducator Preparation Program verifying Applicant's experience. (see the list on page two) Completing this form helps the Iowa Board of Educational Examiners issue the appropriate license and endorsements to our applicants. Thank you for your time.

I hereby verify that the above-named applicant has completed our approved Paraeducator preparation in the following areas (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Generalist | <input type="checkbox"/> School Library Media |
| <input type="checkbox"/> Autism/Spectrum | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Career and Technical | <input type="checkbox"/> Speech Language Pathology |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Substitute Authorization |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Advanced | |

I hereby verify that the above-named applicant has NOT completed our approved Paraeducator preparation. We do not recommend the applicant for certification.

- Not Recommended for Completion

General Comments: _____

Signed: _____

Date: _____

Printed Name: _____

Signer phone number: _____

College/University: _____

College/University Seal: