



Add Paraeducator Concentration

Applicant:

Applicant Name: _____ Applicant Folder #: _____

Applicant Email: _____ Maiden/Other Names: _____

Signer:

This form to be completed by approved Paraeducator Preparation Program verifying Applicant's experience. (see 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 Concentration for the following programs. Please identify program(s).

(Check all that apply):

- | | |
|-----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Career and Transitional Programs | <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"/> School Library/Media | |

General Comments: _____

Signed: _____

Date: _____

Printed Name: _____

Signer phone number: _____

College/University: _____

College/University Seal:

See the list of [Approved Paraeducator Preparation Programs and Certifying Officials](#).