

PARAPROFESSIONAL HANDBOOK



Northwest Indiana Special Education Cooperative
2150 W. 97th Place
Crown Point, IN 46307

Phone (219) 769-4000

Fax (219) 769-4563

www.nisec.org

Call off number – 661-2661

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- A** **Initial Personnel Review for Paraprofessionals**
(Use with personnel with 0-3 years experience)

- B** **Yearly Summary Review for Paraprofessionals**
(Use with personnel with 0-3 years experience)

- C** **Classified Personnel Review Form**
(Use with personnel with 4 or more years experience)

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INTRODUCTION

Welcome to the Northwest Indiana Special Education Cooperative (hereinafter referred to throughout this Handbook as the “NISEC” or the “Cooperative”). We’re glad to have you on our team. We hope that during the time of your employment with the NISEC you will become a productive and successful member of the NISEC team.

This employee handbook describes, in summary form, the personnel policies and procedures that govern the employment relationship between NISEC and its paraprofessional employees. The policies stated in this handbook are subject to change at any time at the sole discretion of the NISEC. This handbook supersedes any prior handbooks or written policies of the NISEC that are inconsistent with its provisions. You may receive updated information concerning changes in policy from time to time, and those updates should be kept with your copy of the handbook. If you have any questions about any of the provisions in the handbook, please ask your supervisor or the Assistant Director.

This handbook does not create a contract of employment between the NISEC and its employees. Although we hope that your employment relationship with the NISEC will be long-term, either you or the NISEC may terminate this relationship at any time, for any reason, with or without cause or notice. Our relationship remains at-will notwithstanding any provision in this handbook to the contrary. No supervisor, administrator, or representative of the NISEC other than the NISEC Board of Managers has the authority to enter into any agreement with you regarding the terms of your employment that changes our at-will relationship or deviates from the provisions in this handbook.

HANDBOOK

For

PARAPROFESSIONALS

1. EMPLOYMENT PROCEDURES

1.1 All prospective classified (paraprofessionals) employees will make application on forms provided by the NISEC. Official employment may only commence with the approval of the Board of Managers acting upon the recommendation of the Administration.

1.2 **All employees are required to read the Northwest Indiana Special Education Cooperative Paraprofessional Handbook within one week of their employment. Also, each employee is required to sign and return the written statement (Appendix F) stating the Handbook was read and the employee is familiar with its contents. This written statement must be signed yearly by each employee and returned (faxed) to the NISEC.**

1.3 All paraprofessionals will participate in the specified pre-employment inservice training that is arranged by the Administration. The required form will be signed and submitted to the Assistant Director documenting the completion of this pre-employment inservice training.

1.4 The direct supervisor(s) of a paraprofessional is:

<u>Position</u>	<u>Supervisor</u>
Paraprofessional	Teacher of Assignment

1.5 All new paraprofessionals shall be employed on an orientation basis until the paraprofessional has worked at least 120 school days in one full school year. Therefore, if a paraprofessional commences employment on the first day of a school year and works 120 school days during that school year, then that paraprofessional's orientation period will conclude at the end of that school year. If a paraprofessional commences employment during a school year but does not work 120 school days during that school year, then that paraprofessional's orientation status will continue into the next school year and thereafter until the paraprofessional has worked 120 school days in one single school year. For example, if a paraprofessional commences employment three weeks after the first day of school for the 2009-2010 school year and does not work 120 school days during the 2009-2010 school year, then the paraprofessional would continue to be on orientation status during the entire 2010-2011 school year. If the paraprofessional works 120 school days during the 2010-2011 school year, then the paraprofessional would qualify as a regular employee for the 2011-2012 school year.

The orientation period is a trial period designed to determine whether the paraprofessional is suited to the job and is capable of satisfactorily performing the work assigned. Either during the orientation period or at the conclusion of the orientation period the paraprofessional will be evaluated by his/her direct supervisor. The Assistant Director will inform the paraprofessional of his/her evaluation rating. A satisfactory rating will qualify the paraprofessional as a regular employee. An unsatisfactory rating at any time during the orientation period may result in termination of the paraprofessional's employment either immediately or at the end of the orientation period.

1.6 All new paraprofessionals are required to have a criminal history background check completed prior to commencing employment with the NISEC. This criminal history background check will be done immediately upon the applicant accepting a conditional offer of employment from the NISEC. A level three criminal history background check will be paid for by the NISEC. A level three criminal history background check covers three counties where the applicant has previously resided. If the applicant has resided in more than three different counties requiring a more extensive criminal history background check, then the applicant shall be required to pay the cost of the criminal history background check that exceeds the level three background check cost. The paraprofessional's employment or continued employment with the NISEC is contingent upon acceptable results of the criminal history background check.

1.7 Pay vouchers are due every other Friday and should be faxed to the Cooperative (769-4563) before noon.

Paraprofessionals are required to record their hours worked each day on the appropriately dated pay voucher. Filling out another's pay voucher, allowing another person to fill out your pay voucher, falsifying information on your pay voucher or altering any pay voucher will be grounds for discipline up to and including termination.

- 1.8 Paraprofessionals who begin at the start of the school year will receive 22 pays. Direct deposit is required for all employees.

2. WORKING CONDITIONS AND SCHEDULE

- 2.1 All paraprofessionals are employed to work on an established school year basis. Working conditions and job assignments are established by the building principal, supervising teacher, Assistant Director and NISEC Administration. Any concerns about working conditions and job assignments should be brought to the attention of the NISEC Administration.
- 2.2 All paraprofessionals may work **3.25 hours** with their supervising teacher (at the supervising teacher's sole discretion) on the scheduled planning day before school begins in the fall. The time worked must be recorded on the first pay voucher so that the paraprofessional may be paid for that time worked.
- 2.3 All paraprofessionals follow the school year calendar established for the building in which they work. It is assumed that the paraprofessional will return in the fall unless the paraprofessional is dismissed, resigns, or is hired as a temporary paraprofessional. Since paraprofessionals follow the school year calendar of their respective buildings and are given reasonable assurance of continued employment for the next school year (except temporary paraprofessionals), they are not eligible for unemployment benefits during the summer months per current Indiana law.
- 2.4 Classified personnel are those employees of the NISEC who are not required to have a teaching license issued by the Indiana Department of Education in order to perform a specific duty at the NISEC. Paraprofessionals must meet the requirement of having an Associates Degree, 60 hours beyond secondary education or passed the ParaPro Assessment. All paraprofessionals are hired as at-will employees. This means either party (the NISEC or the paraprofessional) may terminate the employment of the paraprofessional at any time, either with or without cause.
- 2.5 Paraprofessionals are requested to provide a written letter of resignation (may use Appendix H) at least two weeks prior to their last day of work. If the paraprofessional provides oral notice of his/her resignation but no written letter of resignation is received, then the Administration will recommend to the Board of Managers to discontinue the employment of the paraprofessional and will place a letter confirming the employee's discontinuation of employment in the employee's personnel file. A copy of the discontinuation of employment letter will be sent to the former employee.
- 2.6 If a paraprofessional fails to follow established guidelines, rules and/or policies of the NISEC or the school corporation where the position is located, or if the employee engages in conduct that the NISEC deems to be inappropriate (regardless of whether such conduct is addressed in a guideline, rule or policy of the NISEC or the school corporation where the position is located), then the employee will be subject to disciplinary action up to and including termination of employment. The disciplinary action will be determined in the sole discretion of the NISEC based upon the seriousness of the violation.
- 2.7 It is recognized that reassignment within the Cooperative may at times become necessary to maintain or to improve the efficient operation of the Cooperative. Therefore, a paraprofessional may be reassigned at any time by the NISEC Assistant Director or his/her Designee with or without notice. This means a paraprofessional assignment can change at any time during the school year. The employee will be notified in writing of the change at the earliest possible time. Paraprofessionals who desire a reassignment must submit the Classified Personnel Request for Voluntary Reassignment, Appendix D, to the Assistant Director or his/her Designee by May 15. Such request should identify the requested position(s) the employee is seeking and the reasons the employee is seeking to be reassigned to such position(s).

In the event that a vacancy develops, qualified employees whose requests have been properly filed in accordance with the paragraph above will be considered for the vacant position. However, the Board of Managers may employ any qualified applicant, regardless of whether or not the applicant is an employee of the NISEC or is an external applicant for the position. No voluntary requests for transfers or reassignments will be granted once the school year begins unless special circumstances exist to justify the transfer or reassignment as is determined by the Assistant Director (or the Assistant Director's designee) in his/her sole discretion.

- 2.8 Employees of the NISEC are expected to fulfill the duties of their assigned jobs. All qualified individuals with a disability who desire to request a reasonable accommodation should submit such reasonable accommodation request to the NISEC's Assistant Director. All requests for a reasonable accommodation shall be made using Appendix N.
- 2.9 Post-employment medical examinations will be required of employees only when such examinations are job-related and consistent with business necessity. The NISEC will pay for any post-employment medical examination that is required of an employee by the NISEC.
- 2.10 All paraprofessionals will be evaluated yearly using the forms in the Appendices and following the established schedule as stated on the forms.
- 2.11 If a paraprofessional would like to request permission to attend a conference or workshop, the paraprofessional must complete the Professional Leave Form on the NISEC website (www.nisec.org). See Appendix L for directions.

3. EMPLOYMENT STATUS AND SALARY SCHEDULE

3.1 <u>Status</u>	<u>Assigned Hours in a Normal 5 Day Work Week</u>
Orientation Status	Includes all new full-time and part-time paraprofessionals who have not completed the pre-requisites set forth in Policy 1.5 of this Handbook. Orientation status paraprofessionals are not eligible to receive fringe benefits.
Regular Status	Includes all full-time and part-time paraprofessionals who have completed the orientation pre-requisites set forth in Policy 1.5 of this Handbook.
Part-time	Paraprofessionals who work fewer than 16.25 hours per week. Part-time paraprofessionals are not eligible to receive fringe benefits.
Half-time	Paraprofessionals who work between 16.50 hours but fewer than 32.5 hours. Half-time paraprofessionals are eligible for fringe benefits, but such benefits are prorated in accordance with the number of hours worked by the half-time paraprofessional.
Full-time	Paraprofessionals who work 32.5 or more hours per week. Full-time paraprofessionals are eligible to receive full fringe benefits that are available through the NISEC.
Temporary	Paraprofessionals employed in a job established for a specific purpose, for a specific period of time, or for the duration of a specific project or group of assignments. Paraprofessionals hired on a temporary basis will be informed of the temporary status of the position upon being offered a position with the NISEC. Temporary employees are not eligible to receive fringe benefits.

In addition, all paraprofessionals are non-exempt for purposes of the Fair Labor Standards Act, which means they are not employed in an executive, administrative or professional capacity and they are covered by the federal minimum wage and maximum hours law.

- 3.2 **The NISEC compensates its paraprofessionals in accordance with a salary schedule that is approved by the Board of Managers. The paraprofessional salary schedule for full-time employees consists of 5 levels of experience beginning with "Probationary substitute status." Each new full-time paraprofessional hired by the NISEC begins at "Probationary substitute status" on the salary schedule. To advance to the next step up on the salary schedule, the full-time paraprofessional must work at least 120 continuous school days with no break in service during a single school year. Full-time paraprofessionals who work at least 120 continuous school days with no break in service in one school year will advance to the next step up on the salary schedule, beginning on the first day of the following school year. Full-time paraprofessionals who**

have not worked at least 120 continuous school days with no break in service during a school year will remain at the same step on the salary schedule the following school year. For purposes of this policy, any half day worked by a full-time paraprofessional during a school year shall be counted as a half day of service.

- 3.3 If a new paraprofessional desires to be granted prior employment service credit for purposes of beginning employment as a paraprofessional at a step on the salary schedule higher than “Probationary substitute status,” then the following rules apply. First, previous employment credit will usually only be granted to paraprofessionals whose prior work experience is with the NISEC. Second, to receive credit for prior NISEC work experience, the employee must have worked at least 120 consecutive school days with no break in service in order to receive prior employment credit for such school year. Other public education employment of like experience may be granted at the sole discretion of the Assistant Director or his/her Designee. New paraprofessionals desiring to receive service credit for prior work experience for purposes of beginning at a step on the Salary Schedule higher than “Probationary substitute status” must request such credit by completing and submitting the form attached as Appendix O in this Handbook. Such request must be completed and submitted to the NISEC Assistant Director after the offer of employment has been made to the paraprofessional but before the paraprofessional begins his/her first day of work with the NISEC. Prior to commencing employment with the NISEC, each new paraprofessional must sign the “Employee Acknowledgement of Placement on the Salary Schedule” form that is included in this Handbook as Appendix M.
- 3.4 The salary schedule is determined by the Board of Managers and is subject to change with or without advance notice. The NISEC will provide notice to paraprofessionals of any approved changes in the Paraprofessional salary schedule as soon as is reasonably practical.
- 3.5 Any hours worked by a paraprofessional beyond the paraprofessional’s scheduled work hours **must be** authorized by the Administration in advance of the paraprofessional working the additional, unscheduled work hours. The specific forms included in Appendices I and J of this Handbook must be completed by the supervising teacher and must be approved by the NISEC Administration. All hours worked that exceed 40 hours in any workweek will be paid at the rate of time and a half of the paraprofessional’s hourly wage in accordance with the Fair Labor Standards Act. Only hours actually worked by a paraprofessional will be counted as “hours worked” for purposes of determining whether the paraprofessional is entitled to receive overtime pay. Therefore, if a paraprofessional does not work all of his/her scheduled hours, then only the hours actually worked by the paraprofessional will be counted for purposes of determining whether an overtime premium is due under the Fair Labor Standards Act. Any hours that are paid but that are not actually worked by the paraprofessional (for example, paid holidays, sick days, vacation days, etc.) shall not be counted as “hours worked” for purposes of determining whether an overtime premium is due to the paraprofessional under the Fair Labor Standards Act.

4.0 JOB RESPONSIBILITIES

- 4.1 Paraprofessionals will work the school hours when students are present or usually 6.5 hours per day. Paraprofessionals will not work on days when students are not in attendance. Variations to this schedule may be made by the Administration if student or classroom needs are justified and are approved in advance by the paraprofessional’s supervising teacher and the NISEC Administration. If you are required for an emergency situation to work beyond normal hours, you must report that on your timesheet and complete the form in Appendix J, Request for Extra Paraprofessional Paid Time. When a paraprofessional’s employment circumstances change in a manner that requires the professional to change his/her scheduled hours, then the paraprofessional must complete the form called “Request for Paraprofessional Change of Hours,” which is included in this Handbook as Appendix I. A paraprofessional’s work schedule is not automatically renewed each school year. The business office will notify paraprofessionals of their work hours for the upcoming school year through an assignment letter that will be sent to the paraprofessional prior to the first day of the school year to which the work schedule applies.
- 4.2 Full-time employees (32.5+ hours per week) will receive a 30 minute duty-free lunch that is scheduled by the supervising teacher and principal. The paraprofessional’s 30 minute duty-free lunch period is unpaid.
- 4.3 Paraprofessionals will be paid for their time spent attending mandatory in-service programs that are scheduled by the NISEC and have been authorized by the Administration.

- 4.4 **Accident Report:** When an accident occurs at school, an accident report (included in this Handbook as Appendix E) must be completed and submitted to the NISEC's business office by the injured employee within 24 hours of the occurrence. If the employee is unable to complete and submit an accident report within the requisite time frame due to the nature of the employee's injury, then the employee's supervising teacher must complete and submit the accident report. In addition, the paraprofessional must call the business office (769-4000) to report the accident as soon as possible. **The accident report can be faxed immediately to the NISEC business office at (219) 769-4563 or hand delivered to the Cooperative office.**

4.4 **CALL OFF PROCEDURES**

Call off from school: When an employee needs to be off from school, s/he must call the NISEC before 7:00 a.m. on the day of the absence. You must call the NISEC **every day** you are absent from work by 7:00 a.m.. In addition, if the paraprofessional works in a school other than the Eagle Park Community School, then that paraprofessional must also follow the school call off procedures for the school(s) where s/he works.

NISEC CALL OFF PHONE NUMBER IS **661-2661.**

The paraprofessional must also complete the Absence Form online and electronically submit it to the Cooperative immediately following his/her absence. This must be done by going to NISEC's website to complete the form – www.nisec.org.

Absent exceptional circumstances, in all cases when the NISEC administrative office is not notified of the leave as required under this policy, the leave will be denied and any leave taken shall be considered as lost time and the paraprofessional will not be paid for the leave time. Any exception to this policy may be approved only by the Assistant Director or his/her designee.

If you call off as sick and you have no remaining sick days and you have personal business days, you will be charged a personal business day. If you call off as personal business and have no personal business days, you will be on lost time and you will not be paid for the time off.

ATTENDANCE IS AN ESSENTIAL FUNCTION OF EVERY PARAPROFESSIONAL'S JOB. Because attendance is an essential function of the classified position, if a paraprofessional fails to call off five (5) consecutive school days and has not shown up for work, then the paraprofessional's employment will be immediately terminated.

- 4.6 Within the school setting the students are dependent on the adults who provide the special services to them. This means your presence at school is imperative. When an employee exceeds the allotted sick and personal business, the Assistant Director or his/her designee will meet with that employee to discuss the employee's excessive absenteeism. When excessive absences occur, an improvement plan may, at the Assistant Director's sole discretion, be developed and implemented to assist the employee in improving his/her attendance at work. Failure to comply with the requirements under any attendance improvement plan could lead to the employee's employment being terminated if the absences continue to occur.
- 4.7 Paraprofessionals assigned to assist one student (1 to 1) need to be aware that their assignment may include other duties as assigned by the supervising teacher. The goal for all students is to become independent of adult assistance and to function as much as possible on their own. Reducing direct adult supervision may be part of the assignment under the teacher's direction. You may be assigned other duties during this transition by the teacher.

5.0 BENEFITS

- 5.1 **Life Insurance:** All full-time employees are entitled to life insurance or those who are employed at least 600 hours or more per year. Eligible employees will receive group life insurance based on a schedule of annual earnings. This insurance policy equals 1.3 times the employee's annual earnings rounded to the nearest thousand. (Orientation status paraprofessionals are not eligible for this benefit.)
- 5.2 **Health and Dental Insurance:** The NISEC maintains a group major medical and dental insurance program for its employees. Dental insurance and health insurance are partially paid by the NISEC. The enrollment period is only in the month of September unless there is a family status change. This is an optional insurance package provided for half-time and full-time employees. (Orientation status

paraprofessionals are not eligible for this benefit.)

- 5.3 **Vision Insurance:** The NISEC maintains a group vision program for the employee only. (Orientation status paraprofessionals are not eligible for this benefit.)
- 5.4 **Mileage:** Staff shall be paid at the federal reimbursement rate to cover transportation expenses involved in driving from one school to another. Mileage claims must be submitted no later than the 15th of the month for the preceding month. Mileage claims not submitted in this manner shall be forfeited.
- 5.5 **Worker's Compensation:** All employees shall be covered by Worker's Compensation. In case of a work related injury, an employee's absences and benefits will be handled in accordance with Indiana worker's compensation laws.

If an injury results from a physical attack while the paraprofessional is acting within the scope of his/her school duties, the paraprofessional shall claim Worker's Compensation, complete the accident report and immediately call the Cooperative. If the NISEC's designated health provider makes a recommendation that the employee not report to work, the day(s) will not be counted against the employee's accumulated sick leave. If the employee chooses on their own to remain at home, it will be counted against the sick leave and/or personal business leave.

- 5.6 **Public Employees Retirement (PERF):** All full-time employees who work 600 or more hours per year will participate in payment of the Indiana Public Employees' Retirement Fund. The Retirement Fund is paid by NISEC. This is determined by three percent of the employee's salary and an additional percentage figured annually by the Indiana Retirement Fund. (Orientation paraprofessionals are not eligible for this benefit.)
- 5.7 **Paid Holidays:** Recognized paid days are: President's Day, Good Friday and Memorial Day for paraprofessionals. (Orientation status paraprofessionals are not eligible for this benefit.) *If you are on an unpaid leave when a recognized paid day occurs, you will not be paid for the holiday.*
- 5.8 **Leave of Absence (FMLA):** The Family and Medical Leave (FMLA) of absence may be authorized upon written application to the Administration. The employee must meet the eligibility requirements before the terms of such leave will be granted by the Administration. If the leave is granted, it will comply with the FMLA. This policy summarizes the rights and obligations of the employee and the employer under the FMLA. All FMLA-related forms are located on the NISEC web site at www.nisec.org.

FMLA Leave Eligibility: An eligible employee under the FMLA is an employee who has been employed by the NISEC for at least 12 months and who has worked at least 1,250 hours in the past 12 months.

Reasons for FMLA Leave: An eligible employee may take FMLA leave for any one of five different reasons. Specifically, an eligible employee may take FMLA leave of:

- (1) up to 12 weeks per leave year to care for a newborn child, or a child newly placed in the employee's custody through adoption or foster care, for a period of up to one year after such birth or placement;
- (2) up to 12 weeks per leave year to care for the employee's spouse, child or parent who has a serious health condition;
- (3) up to 12 weeks per leave year because of the employee's own serious health condition, if that condition renders the employee unable to perform his or her job functions;
- (4) up to 12 weeks per leave year because of a qualifying exigency arising from the fact that the employee's spouse, son, daughter, or parent is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation;
- (5) up to 26 weeks within a single 12-month period to care for a covered servicemember who is the employee's spouse, daughter, son, parent, or next of kin who is (a) undergoing medical treatment, recuperation, or therapy, (b) is in outpatient status, or (c) is on the temporary disability retired list, for a serious injury or illness suffered in the line of duty.

Any leave taken by an eligible employee for one or more of these reasons will be counted against that employee's annual FMLA leave entitlement. An employee may not combine forms of leave to exceed the

maximum entitlement under the law. In other words, an employee is only eligible for a total of 12 or 26 weeks of FMLA leave a year, as applicable, depending on the reason for the leave.

Limits on Husband and Wife Leave: A husband and wife who both work for the NISEC will be limited to a combined total of 12 weeks of FMLA leave per leave year for the birth, adoption, or foster placement of a child or to care for a parent with a serious health condition or in the event of a qualifying exigency. A husband and wife who both work for the NISEC will likewise be limited to a combined total of 26 weeks FMLA leave during the single 12-month period to care for a covered servicemember.

Definitions:

Contingency Operation: A “contingency operation,” as used in this policy, includes any operation designated by the Secretary of Defense as one in which members of the armed forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force; an operation that results in a call to duty of certain members of the Armed Forces from retirement, the reserves, the National Guard, or state militias; or any other operation which is the result of a national emergency declared by the President or Congress.

Covered Servicemember: Means a current member of the Armed Forces (including National Guard or Reserves) who has suffered a serious injury or illness incurred in the line of duty (1) for which he or she is undergoing medical treatment, recuperation, or therapy; (2) is otherwise in outpatient status; or (3) is on the temporary disability retired list. A covered servicemember does not include a former member of the Armed Services, National Guard or Reserves or one who is on the permanent disability retired list.

Leave Year: For the purpose of this policy (with the exception of leave to care for a covered servicemember), the leave year within which an eligible employee may take his or her 12 or 26 weeks of FMLA protected leave is July 1 to June 30.

Next of Kin: Means the nearest blood relative of the injured covered servicemember as defined by applicable law and regulation.

Qualifying Exigency: Qualifying exigencies include the following relating to the active duty or call to active duty status of a covered military servicemember: (1) Issues arising from the short notice (seven or less days) deployment of the employee’s spouse, daughter, son, parent, or next of kin in the military (“servicemember”) for a period of seven days from the date of notification; (2) military events and related activities; (3) certain childcare and related activities; (4) making and updating financial and/or legal arrangements; (5) attending counseling for the covered military servicemember or the child of the covered military servicemember; (6) taking up to five days of leave to spend time with a covered military servicemember who is on short-term temporary rest and recuperation leave during deployment; (7) attending certain post-deployment activities; and (8) any other event that the NISEC and the employee agree is a qualifying exigency and agree as to both the timing and duration of the leave.

Serious Health Condition: Means an illness, injury, impairment, or physical or mental condition that involves either:

- (1) Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; or
- (2) Continuing treatment by a health care provider, which includes:
 - (a) A period of incapacity lasting more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also includes: (i) treatment two or more times by or under the supervision of a health care provider (i.e., in-person visits, the first within 7 days and the second within 30 days of the first day of incapacity unless extenuating circumstances exist for the latter); or (ii) one treatment by a health care provider (i.e., an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment under the supervision of a healthcare provider; or
 - (b) Any period of incapacity related to pregnancy or for prenatal care.
 - (c) Any period of incapacity or treatment for a chronic serious health condition which – (i) continues over an extended period of time, (ii) requires periodic visits (at least twice a year) to a health care provider, and (iii) may involve occasional episodes of incapacity rather than a continuing period of incapacity.
 - (d) Any period of incapacity that is permanent or long-term due to a condition for which

treatment may not be effective. Only supervision by a health care provider is required, rather than active treatment; or

- (e) Any absences to receive multiple treatments (and recovery from such treatment) for restorative surgery or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days if not treated.

Serious Illness or Injury: For the purpose of determining whether an eligible employee's spouse, daughter, son, parent, or next of kin is a covered servicemember who has suffered a qualifying illness or injury in the line of duty, this means an injury or illness that renders the servicemember unable to perform the required duties of their office, grade, rank or rating.

Single 12-Month Period: The single 12-month period pertaining to leave to care for a covered servicemember begins on the first day the eligible employee takes military caregiver leave and ends 12 months after that date.

Requesting FMLA Leave: The NISEC will provide the necessary forms to request FMLA leave. (See the NISEC web site at www.nisec.org). Employees must give the NISEC at least 30-days' notice of their intent to take leave under the FMLA if the leave is foreseeable. If the leave is not foreseeable, employees must make a good faith effort to provide notice as soon as practicable and must generally comply with the NISEC's call-in requirements. Any employee who fails to give the requisite notice may be delayed in receiving authorization for leave.

Employees must provide information sufficient to enable the NISEC to determine whether the leave may be FMLA-qualifying and the anticipated timing and duration of the leave. The NISEC may require information showing that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. If the leave is for a condition for which the NISEC has previously approved FMLA leave, the employee must specifically reference that qualifying reason for the leave or the need for FMLA leave.

Notice of Designation: Absent extenuating circumstances, the NISEC will notify employees whether their leave has been approved as FMLA-qualifying no later than 5 business days after receiving sufficient information to make this designation. If known at the time of the designation, the NISEC will notify the employee of the amount of leave that will be counted against the employee's FMLA entitlement. If this information is not known at the time of the designation, the NISEC will provide such information, upon the employee's request, once every 30 days if leave is taken within that time period. If an employee is not eligible for FMLA leave, the NISEC will advise the employee why that is the case.

Compensation for FMLA Leave: Generally, FMLA leave is not paid. However, an eligible employee may elect to take any accrued paid vacation leave or, for personal medical leave, paid sick days in lieu of taking unpaid leave under the FMLA. Such paid leave will be counted towards the employee's 12 or 26 weeks of FMLA leave granted per leave year.

Intermittent or Reduced Hours Leave: In the case of leave taken to care for a seriously ill spouse, child, or parent; due to the employee's own serious health condition; a qualifying exigency; or to care for a covered servicemember, an employee may take leave intermittently (i.e., periodically) or on a reduced hours schedule (i.e., reduced number of working hours per day or per week) only when such leave is medically necessary and certified as such. Otherwise, such leave is not permitted except at the sole discretion of the NISEC. An employee who takes leave intermittently or on a reduced leave schedule may be temporarily transferred to another position for which the employee is qualified to better accommodate that leave.

Job and Benefits Security: An eligible employee who takes leave under the FMLA and who returns to work before his or her annual FMLA entitlement has expired will be restored to the position he or she held when the leave commenced, or to an otherwise equivalent position with respect to pay, benefits, and other terms and conditions of employment, unless the employee would no longer have been employed in such a position had the employee not taken such leave. Additionally, any unused employment benefits that had accrued to an eligible employee prior to the commencement of leave will be restored upon return from FMLA leave.

Continuation of Group Health Plan Coverage. Group health plan coverage will be maintained by the NISEC during an eligible employee's period of FMLA leave to the extent and under the same

circumstances as it ordinarily is furnished to that employee. An eligible employee taking FMLA leave must contact the Assistant Director of Special Education to make arrangements to pay the employee's share of health care premiums during the FMLA leave. An eligible employee who fails to return to work after the expiration of the FMLA leave period for reasons that are not beyond his or her control will be expected to reimburse the NISEC for health care premiums paid by the NISEC during the leave period.

Certification of the Need for Leave: In cases of leave to be taken to care for a family member with a serious health condition, a covered servicemember who has suffered a serious injury or illness in the line of military duty, or due to the employee's own serious health condition, an eligible employee must provide the NISEC with a completed and signed health care provider certification indicating that the employee requires FMLA leave. The NISEC will provide the appropriate forms for such certification through its web site at www.nisec.org.

In cases of leave due to a qualifying exigency arising out of the active duty or call to active duty of a covered military servicemember, the NISEC requires that an employee's request for leave be supported by appropriate documentation as required by applicable law and regulation.

In all cases, the forms certifying and supporting the need for FMLA leave must be returned within 15 calendar days after the employee gives notice of intent to take FMLA leave unless not practicable. Failure to return this certification in a timely manner may result in delays in securing authorization for leave and the NISEC may deny FMLA coverage until the required certification is provided. Failure to return the certification at all will preclude the employee from taking leave.

The NISEC also may require, at its own expense, a second and third health care provider opinion (except with respect to leave to care for a covered servicemember) if there is a question as to the validity of the certification provided by the employee for leave for a serious health condition.

An eligible employee also may be asked to furnish the NISEC with subsequent health care provider certifications on a reasonable basis during the employee's leave period except if the employee is on leave to care for a covered servicemember. An eligible employee's failure to furnish subsequent certifications may result in termination of the employee's right to leave.

The NISEC may seek recertification of the need for leave as permitted by statute and regulation.

Return to Work: An employee returning to work from FMLA leave of absence must be able to perform the essential functions of his or her job. If a reasonable accommodation is required, the employee must notify the Assistant Director of Special Education. An eligible employee on FMLA leave must submit to the NISEC a medical release (i.e., fitness for duty certification) indicating that the employee is able to return to work and perform the essential functions of the employee's position. The NISEC will furnish the employee with a list of essential functions to facilitate this process. Failure to submit a medical release will preclude the employee from being restored to his or her employment with the NISEC.

Non-Discrimination/Non-Retaliation Policy Statement: The NISEC will not: (1) interfere with, restrain, or deny the exercise of any right provided under the FMLA; (2) discharge or discriminate against any person for opposing any practice made unlawful by the FMLA; or (3) discharge or discriminate against any person for his or her involvement in any proceeding under or relating to the FMLA.

Any employee who believes that the NISEC has violated his or her FMLA rights should report his/her concerns to the Director or the Assistant Director for investigation and resolution. If the employee's concerns are not resolved in compliance with the law, the employee has the right to file a complaint with the U.S. Department of Labor or bring a private lawsuit against the NISEC. The FMLA does not affect any Federal or State law prohibiting discrimination or supercede any State or local law that provides greater family or medical leave rights.

5.9 **Sick Leave:** Full-time regular employees (not orientation status paraprofessionals) are allowed up to five (5) days of sick leave in the first calendar year of employment on the following schedule:

<u>Starting Date</u>	<u>Days</u>	<u>Starting Date</u>	<u>Days</u>
Aug./Sept.	5	February	3
October	5	March	2
November	4	April	2
December	4	May	1

Five (5) days will be given each year thereafter cumulative without limit. In all cases, the employee shall notify the NISEC prior to the use of such leave.

If a paraprofessional terminates employment with the NISEC (either voluntarily or involuntarily) and has any accrued but unused sick leave days, then the paraprofessional shall not receive any pay for those days unless the paraprofessional qualifies for severance pay under Policy 5.14. In the event the paraprofessional qualifies for severance pay under Policy 5.14, then the paraprofessional shall receive pay in accordance with the terms and conditions set forth in Policy 5.14.

- 5.10 **Bereavement:** A leave of seven (7) **consecutive calendar** days shall be allowed immediately following the death of an employee's spouse, parents, children, brother, sister, father-in-law, mother-in-law, grandchild or a person living in the same house as part of the family. If the employee leaves before 12 o'clock noon, this will be counted as the first day. If the employee leaves after 12:00 noon, the first day starts the following day. These days are not cumulative. The Administration may grant additional days if in his/her judgment, the emergency warrants such action.

Three (3) **consecutive calendar** days shall be allowed for the death of a grandparent, grandparent-in-law, aunt, uncle, brother-in-law, sister-in-law, son-in-law, or daughter-in-law, niece or nephew. These days are not cumulative.

Orientation status paraprofessionals are not eligible for paid bereavement leave.

Counting bereavement days – Bereavement days begin the day following the death, unless the employee leaves before noon, then that is counted as the first day. Each succeeding day is counted toward the allotted bereavement leave. Weekends and school vacation days/holidays are counted in the bereavement leave.

An employee desiring to take bereavement leave for individuals not covered in this policy must use personal business days or take lost time if the employee takes off from school. An example: an 'ex in-law'.

- 5.11 **Personal Business Leave:** Personal business leave is defined as personal business that must be conducted during the working days other than recreation, pleasure or vacation. **Use of personal business leave the day before or the day after a holiday, school vacation or in-service day is strongly discouraged. The NISEC Administration reserves the right to deny all personal business days that are considered additional "vacation days".**

Employees who work the school year calendar may be granted two (2) days for the transaction of personal business during each school calendar year of employment. In all cases, proper written forms shall be filed with the administrative office stating the necessity for such absence. In all cases when the NISEC administrative office is not notified prior to the use of personal business leave, it shall be denied and any days taken shall be considered as lost time. Personal business days shall be taken in minimum segments of one-half scheduled working day. Unused personal business days shall be added to accumulative sick leave as of the following school year. Personal business days are prorated for half-time employees. Orientation status paraprofessionals are not eligible for paid personal business days. If a paraprofessional terminates employment with the NISEC (either voluntarily or involuntarily) and has any accrued but unused personal business days, then the paraprofessional shall not receive any pay for those days.

- 5.12 **Half-time Benefits:** Benefits for a half-time employee are prorated based on the percent of the hours worked compared to a full-time employee. This includes insurance benefits, sick leave, bereavement, and personal business leaves. (Orientation status paraprofessionals are not eligible for this benefit.)

- 5.13 **Jury and Witness Duty:**

A. Personnel duly called for jury duty will be compensated for the difference between the NISEC pay and the pay received for the performance of such obligation.

B. Personnel who are subpoenaed to testify before a judicial tribunal or governmental body, due to their position with the NISEC, shall be compensated for the difference between the NISEC pay and the pay received for the performance of such obligation. This paragraph shall not be applicable to situations when the employee has an interest in the proceedings adverse to the Northwest Indiana Special Education Cooperative's interest or when the employee is testifying in a proceeding, which is for the personal benefit

of the employee.

- 5.14 **Severance Pay:** All paraprofessionals who have completed at least twenty (20) years of continuous service in the Cooperative shall be entitled to severance pay at 35% of their last daily rate of pay for their remaining accumulated sick days. The employee must inform the Administration in writing no later than April 1, the year before they intend to resign or retire. The employee's failure to provide this notification by April 1 will result in a one (1) year waiting period before the severance pay is provided.

JOB TITLE:

PARAPROFESSIONAL

REPORTS TO: **Supervising Teacher**

MAJOR FUNCTION: Assists the teacher in implementing the identified services to meet the students' individualized needs

REQUIREMENTS:

- A. Education level – 2 yrs. of college (60 credit hours), Associates Degree or ParaPro with a score of at least 460 per the Indiana Dept. of Ed.
- B. Capable of lifting a minimum of 50 pounds, uses a two-person lift, or other appropriate techniques or equipment when lifting students or heavier objects
- C. Demonstrate ability to follow directions
- D. Collaboratively assist in implementing a student's individual educational plan under the direction of the supervising teacher
- E. Demonstrate ability to be flexible when working in the educational environments
- F. Must be able to read and speak English
- G. *Regular attendance and punctuality required*

TERMS OF EMPLOYMENT: Follow school district calendar and hours per day as assigned. All other working terms and conditions of employment are established by the Board of Managers.

ESSENTIAL FUNCTIONS:

1. Perform all duties of the paraprofessional functions as required by the NISEC including:
 - Implement instructional activities as developed by the teacher
 - Follow the established classroom management system
 - Maintain records and data as directed by the teacher
 - Supervise students - bus monitoring, lunchroom, playground, etc.
 - Assist students with feeding, personal and hygiene care
 - Follow therapy plans under the direction of the therapists and teacher
 - Adapt to changing needs of students
 - Maintain confidentiality of ALL student information
 - Able to assist students with academic activities as assigned
 - Regular attendance is needed to provide consistency for the students
 - Follow all medical and health care plans and emergency procedures for students
 - Perform such other tasks as may be assigned by the supervising teacher
 - Works with all students assigned (even if assigned as 1-to-1 para may be assigned other students to work with)
 - Perform all other essential functions as described on chart called "Essential Paraprofessional Job Functions" and all duties as assigned by the supervising teacher or administration

EVALUATION: Performance of this job will be evaluated in accordance with the provisions of the Board of Managers policy on evaluation of confidential personnel.

ESSENTIAL NISEC STAFF JOB FUNCTIONS

The Board of Managers is mindful of the requirements of the Americans with Disabilities Act. Any NISEC staff member is who is unable to perform the essential job functions due to physical or mental disability should immediately contact the Director and ADA Coordinator.

Physical Demands: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of his/her job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Work Environment: The work environment characteristics are representative of those a NISEC staff member encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Within the school environment, a NISEC staff member will use appropriate language and will follow the formal or informal dress code of the school(s) he/she serves.

	Talking	Hearing	Vision (Close & Distant)	Standing	Walking	Sitting	Bending & Pushing	Reaching Pushing	Climbing	Driving	Lifting 50#	Carrying 25 ft.
All Certified Staff	F, C	F, C	F, C	O, F	O, F C	O, F	O, F	O, F	O	O	O, F C	O
Diagnostic Staff	F, C	F, C	F, C	O	F	F, C	F, C	F, C	F, C	F, C	F	F, C
Itinerants*	F, C	F, C	F, C	O, F	F, C	F, C	F, C	O, F	F, C	F, C	F	F, C
Therapists**	F, C	F, C	F, C	F	C, F	F, C	F, C	F, C	F, C	F, C	F, C	F, C
Interpreters	F, C	F, C	F, C	F, C	F, C	O, F	O, F	O, F	O, F	O	O	O
School Nurse	F, C	F, C	F, C	O, F	F, C	F, C	O, F	O, F	O	O	F, C	O, F
Paraprofessionals	F, C	F, C	F, C	O, F	F, C	O, F	O, F	O, F	O, F	O, F	F, C	O, F
Food Service Staff	O, F	F, C	F, C	F, C	F, C	O, F	F, C	F, C	O	O	F, C	O, F
Maintenance & Custodial	O, F	F, C	F, C	F, C	F, C	F, C	F, C	F, C	O, F	F, C	F, C	F, C
School Bus Driver	F, C	F, C	F, C	O	O, F	F, C	F	F	F	C	O, F	O
Office Staff	F, C	F, C	F, C	O, F	O, F	F, C	O, F	O, F	O	O	O, F	O
Administrative Staff	F, C	F, C	F, C	O, F	F, C	O, F	O, F	O, F	F, C	F	F	F, C

N = Never

O = Occasional

F = Frequent

C = Constant

*Itinerants – Include Teachers, Speech Staff, Transition Coordinators, Behavioral Consultants, Case Manager, Alternative Service Coordinator, Braille Technician

** Therapists – Occupational Therapist, Physical Therapist, Certified Occupational Therapy Assistant and Physical Therapy Assistant

ESSENTIAL NISEC STAFF JOB SKILLS

Essential Skills: Each NISEC staff member must be able to have manual dexterity to use the following equipment and work aids in his/her position:

POSITION:	EQUIPMENT AND WORK AIDS:
Certified Staff	Calculator, Telephone, Word Processor, Computer, Visual Media Equipment, Writing Devices, Recording Devices, Books, Textbooks, & Manuals
Diagnostic Staff	Calculator, Telephone, Word Processor, Computer, Visual Media Equipment, Writing Device, Recording Devices, Testing Materials, & Manuals
Itinerants Staff	Calculator, Telephone, Word Processor, Computer, Visual Media Equipment, Writing Devices, Recording Devices, Books, Textbooks, & Manuals, Own Vehicle, Braille Equipment, and Hearing Devices/Equipment
Therapists	Calculator, Telephone, Word Processor, Computer, Visual Media Equipment, Writing Devices, Recording Devices, Books, Textbooks & Manuals, Lift Equipment on School Vehicle, All Specialized Therapy Equipment
Interpreters	Calculator, Telephone, TTD, Word Processor, Computer, Visual Media Equipment Writing Devices, Recording Devices, Books, Textbooks, & Manuals, Hearing Devices
School Nurse	Calculator, Telephone, Word Processor, Computer, Writing Devices, Recording Devices, Books, Charts & Manuals
Paraprofessionals & Transition Paraprofessionals	Calculator, Telephone, Word Processor, Computer, Visual Media Equipment, Writing Devices, Recording Devices, Books, Textbooks, & Manuals, School Vehicle & Lift Equipment
Food Service	Calculator, Telephone, Word Processor, Computer, Visual Media Equipment, Writing Device, Kitchen Equipment, Books & Manuals
Maintenance & Custodial	Calculator, Telephone, Word Processor, Computer, Visual Media Equipment, Writing Devices, Walkie-Talkie, Lawn Equipment, School Vehicle, Snow Removal Equipment, Books & Manuals, Cleaning Equipment, Floor Cleaning Equipment
School Bus Driver	Writing Devices, School Vehicle & Lift Equipment, Recording Devices, Materials & Manuals, Telephone
Office Staff	Calculator, Telephone, TTD, Word Processor, Computer, Visual Media Equipment, Writing Devices, Copier, Recording Devices, Books & Manuals, Folding, Laminating & Postage Machines, Walkie-Talkie, Fax Machine
Administrative Staff	Calculator, Telephone, TTD, Word Processor, Computer, Visual Media Equipment, Writing Devices, Recording Devices, Books, Textbooks & Manuals, Fax Machine, Copier

Reviewed and Revised July 2009

NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE

2150 West 97th Place
Crown Point, Indiana 46307

Competencies For All Certified Staff

Competency: To perform the job successfully, an individual should demonstrate the following competencies:

1. Professionalism - Approaches others in a tactful manner. Reacts well under pressure. Treats others with respect and consideration regardless of their position. Accepts responsibility for own actions. Follows through on commitments.
2. Judgment - Displays willingness to make decisions. Exhibits sound and accurate judgment. Supports and explains reasoning for decisions. Includes people in decision-making process. Makes timely decisions.
3. Ethics - Treats people with respect. Keeps commitments. Inspires the trust of others. Works ethically and with integrity. Upholds organizational values.
4. Diversity - Shows respect and sensitivity for cultural differences.
5. Technical Skills - Assesses own strengths and weaknesses. Pursues training and development opportunities. Strives to continuously build knowledge and shares expertise with others.
6. Interpersonal Skills - Focuses on solving conflict in a positive manner. Maintains confidentiality. Listens to others without interrupting. Keeps emotions under control. Remains open to others' ideas and tries new things. Maintains appropriate attitude under pressure.
7. Organizational Support - Follows policies and procedures. Supports organization's mission and goals. Benefits organization through outside activities. Supports affirmative action and respects diversity.
8. Problem Solving - Identifies and resolves problems in a timely manner. Gathers and analyzes information skillfully. Develops alternative solutions and uses group problem solving as needed. Uses reason even when dealing with emotional topics.
9. Planning/Organizing - Prioritizes and plans work activities. Uses time efficiently. Plans for additional resources. Sets work related and professional goals. Organizes schedules of other people and their tasks. Develops realistic plans.
10. Written Communication - Writes clearly and informatively. Edits work for spelling and grammar. Varies writing style to meet need. Reads and interprets written information.
11. Oral Communication - Speaks clearly and persuasively in positive or negative situations. Listens and gets clarification. Responds well to questions, group presentation skills. Participates in meetings.
12. Quality - Demonstrates accuracy and thoroughness. Applies feedback to improve performance. Monitors work to ensure quality.
13. Adaptability - Adapts to changes in the work environment. Manages demands appropriately. Changes approach or method to best fit the situation. Demonstrates flexibility with change, delays or unexpected events.
14. Attendance/Punctuality - Is consistently at work and on time. Ensures work responsibilities are covered when absent. Arrives at meetings and appointments on time.

15. Motivation - Sets and achieves challenging goals. Demonstrates persistence and overcomes obstacles. Measures self against standard of excellence.
16. Change Management - Develops workable implementation plans. Communicates changes effectively. Builds commitment and overcomes resistance. Supports those affected by change.
17. Dependability - Follows instructions, responds to management direction. Takes responsibility for own actions. Keeps commitments. Commits to longer work when necessary. Completes tasks on time or notifies appropriate person with an alternate plan.
18. Initiative - Volunteers readily. Undertakes self-development activities. Asks for and offers help when necessary
19. Innovation - Displays original thinking and creativity. Meets challenges with resourcefulness. Generates suggestions for improving work. Develops approaches and ideas. Presents ideas and information in a professional manner that solicits others' understanding.

NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE
INITIAL PERSONNEL REVIEW for **PARAPROFESSIONALS**
(Use with paraprofessionals with 0-3 years NISEC experience)

To be completed yearly by November 1 or within first 40 days of employment for new employee and for personnel in a new job assignment.

Paraprofessional's Name _____ Date of Review _____
 Supervising Teacher's Name _____
 Program _____ School _____

Section 1

YES	NO	AREAS TO BE ADDRESSED
<input type="checkbox"/>	<input type="checkbox"/>	On time to school and for all assignments
<input type="checkbox"/>	<input type="checkbox"/>	Regular attendance is maintained and when necessary, follows call off procedures
<input type="checkbox"/>	<input type="checkbox"/>	Follows schedule and instructions set by teacher
<input type="checkbox"/>	<input type="checkbox"/>	Maintains a professional working relationship with personnel in the building
<input type="checkbox"/>	<input type="checkbox"/>	Treats students' information confidentially
<input type="checkbox"/>	<input type="checkbox"/>	Shows initiative during unscheduled down time or transitions
<input type="checkbox"/>	<input type="checkbox"/>	Accepts constructive recommendations
<input type="checkbox"/>	<input type="checkbox"/>	Consults with teacher frequently concerning student programming
<input type="checkbox"/>	<input type="checkbox"/>	Adheres to classroom, school and all NISEC policies and procedures
<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates effective strategies for management of student behavior
<input type="checkbox"/>	<input type="checkbox"/>	Attends required and scheduled in-services
<input type="checkbox"/>	<input type="checkbox"/>	Fosters student independence, socialization, and self-esteem
<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates proficiency in academic skills, including oral and written communication

COMMENTS ON ABOVE AREAS: _____

Personnel Review is continued on **Section 2 for this fall review**. *Please complete the next page also.*

NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE
INITIAL PERSONNEL REVIEW for PARAPROFESSIONALS
(Use with paraprofessionals with 0-3 years NISEC experience)

To be completed yearly by November 1 or within first 40 days of employment for new employee and for personnel in a new job assignment. This is the second section and needs to be completed then returned to the Cooperative.

Paraprofessional's Name _____ Date of Review _____

Goals for Professional Growth - written in measurable terms and date(s) of anticipated completion:

Goal: _____ Date: _____

Steps for Goal Achievement:

1. _____

2. _____

3. _____

Goal: _____ Date: _____

Steps for Goal Achievement:

1. _____

2. _____

3. _____

Goal: _____ Date: _____

Steps for Goal Achievement:

1. _____

2. _____

3. _____

Paraprofessional Signature's: _____ Date _____

The Employee's signature indicates he or she has read the above information not that he or she agrees or disagrees with the findings. The Employee is invited to include comments as an attachment when submitted within 2 weeks of above signed date.

Supervising Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

District Director's Signature _____ Date _____

Comments from Paraprofessional:

Use the back of sheet for additional space if needed.

NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE
END OF YEAR SUMMARY REVIEW for **PARAPROFESSIONALS with 0-3 years**

To be completed by May 1 for all personnel who used the INITIAL PERSONNEL REVIEW FORM (Appendix A).

Paraprofessional's Name _____ Date of Evaluation _____
Supervising Teacher's Name _____
Program _____ School _____

Complete this narrative by describing the achievements of the stated goals from the employee's Initial Personnel Review form. If the goal(s) is not satisfactorily completed, **document progress toward the goal and develop a plan that is specific and measurable for continued professional growth.** Copy and send the original to the District Director.

Summary of Achievements from Stated Goals on Appendix A completed by November 1:

If the Stated Goals were not achieved at the expected level but continued employment is recommended at this time, develop a plan to assist in the development of those skills. This awareness plan must be specific and identify in observable/measurable terms the expectations and essential functions to be met.

Paraprofessional's Signature: _____ Date _____
The Employee's signature indicates he or she has read the above information not that he or she agrees or disagrees with the findings. The Employee is invited to include comments as an attachment when submitted within 2 weeks of above signed date.
Supervising Teacher's Signature _____ Date _____
Principal's Signature _____ Date _____
District Director's Signature _____ Date _____

Comments from Paraprofessional:

NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE
PARAPROFESSIONAL REVIEW FORM

Complete ONCE A YEAR by November 1. This form will be used for paraprofessionals with 4+ years. The purpose of this review is to assure that the employee is aware of her/his job responsibilities and to provide feedback regarding her/his performance.

Paraprofessional's Name _____ Date of Evaluation _____

Supervising Teacher's Name _____

Program _____ School _____

List Strengths:

Professional Goal Plan: (Be specific/measurable statements). All personnel need a professional goal plan that is relative to his/her position.

Strategies to be used for Attainment of Goal Plan: (Written in measurable terms)

(For more space, use the back of this form.)

Paraprofessional's Signature: _____ Date _____

The Employee's signature indicates he or she has read the above information not that he or she agrees or disagrees with the findings. The Employee is invited to include comments as an attachment when submitted within 2 weeks of above signed date.

Supervising Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

District Director's Signature _____ Date _____

Comments from Paraprofessional:

NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE

CLASSIFIED PERSONNEL REQUEST FOR VOLUNTARY REASSIGNMENT

Complete the following information and return this form to the Assistant Director no later than May 15th. A copy of the form will be sent to you once action is taken. Forms received after May 15th will be given consideration in the order they are received and not based on seniority.

Employee Name _____ Date of Request _____

Present School _____ Disability area _____

1st Request

School or District _____

Disability area _____

2nd Request

School or District _____

Disability area _____

I want to continue by employment with the Northwest Indiana Special Education Cooperative but desire to be assigned to one of the above options for the upcoming school year. The reasons for this are: _____

Employee's Signature: _____ Date: _____

District Director's comments on this request for reassignment: _____

District Director's signature: _____ Date: _____

Assistant Director's comments on this request for reassignment: _____

Assistant Director's signature: _____ Date: _____

**NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE
ACCIDENT REPORT**

Appendix E

When a NISEC employee is injured at school, this Accident Report **must be sent to the NISEC's business office within 24 hours of the occurrence**. This report can be faxed to the business office (769-4563) or delivered to the NISEC office. You must also call Jan Kinach or Denise Bashore (769-4000) immediately to report the injury.

EMPLOYEE INFORMATION					
Name: First Middle Last			Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
				Soc. Security #:	
Mailing Address (<i>street, city, state & zip</i>)			Is employee's home address the same? If no, street, city, state & zip <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone Number	Hire Date: Month/Year		Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hourly Rate (paras. only)
ACCIDENT INFORMATION					
Date of Injury	Time of Injury : <input type="checkbox"/> am <input type="checkbox"/> pm		Date Injury Reported to NISEC	Did accident occur on NISEC's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, location of accident (<i>street, city, state & zip</i>)			County	Did employee lose any time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is employee back at work? If yes, date returned <input type="checkbox"/> Yes <input type="checkbox"/> No		Date employee last worked	Was employee paid for date of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date employee last paid	
Date disability began	Date disability ended	Is/was employee's salary continued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was employee injury related to a company-sponsored event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was accident fatal? If yes, date of death <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full description of accident (Describe the event leading to the accident then describe all details of the accident)					
Cause of accident (e.g., slip, fall, lifting)			Motor vehicle accident? If yes, driver's license number	State where issued	
Contributing factors (Do not list student name)			Equipment, material or substance involved		
If other parties involved: Name (first, middle, last)		Address		Phone number	
Were safeguards provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of safeguards		Were safeguards used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness information: Name (first, middle, last)		Address		Phone number	
INJURY INFORMATION – Be very specific explaining injury					
Specify body part injured: Ex. right hand – first knuckle		Nature of injury (e.g., fracture, sprain, laceration)	Previous related condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-existing medical condition(s)	
Cumulative injury? If yes, length of exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		Nature of duties		Length of time doing activity	
Treatment: Name (first, middle, last) (“X” all that apply) <input type="checkbox"/> First Aid		What type of first aid was administered?			1 st day of treatment
<input type="checkbox"/> Hospital/Clinic: Name and address		Treatment	Length of Stay		1 st day of treatment
<input type="checkbox"/> Physician: Name and address		Specialty	Phone Number	Treatment	1 st day of treatment

Employee Signature: _____ Date: _____
Rev. 6/07 AC

Handbook Statement

This is to certify that I have read this employee handbook for paraprofessionals and am familiar with its contents. I understand that this handbook is not a binding contract but a set of guidelines for the implementation of personnel policies. I understand that this Handbook is subject to change with or without notice, and that the NISEC may deviate from any provision of this handbook in its sole discretion. I also understand that, notwithstanding any of the provisions of this handbook, I am employed on an at-will basis and this handbook does not include any promise or covenant of continuing or permanent employment. I understand that my employment may be terminated at any time, either by me or by the NISEC, with or without cause. I understand that no representative of the NISEC, other than the Board of Managers or its authorized designee, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I acknowledge that I do not in any way rely upon the provisions of this paraprofessional handbook in accepting or continuing my employment with the NISEC.

Print Name: _____

School Assigned: _____

Signature: _____

Date: _____

Return this completed form to NISEC within the first week of the school year or the first week of employment.

OFFICE USE:

Received - Date Stamp

GENERAL REQUEST FORM FOR EXTENDED LEAVE

(Used for employees working less than 1250 hours per year)

This form must be completed for any absence five or more days, except bereavement. In cases of bereavement exceeding the allotted days, a written letter of request must be made and you must notify the Assistant Director at 769-4000.

Employee's Name: _____

Date of Request: _____

School/Assignment: _____

I am requesting a leave of absence for the following reason:

_____ Personal illness or injury
_____ Illness or injury of a family member: specify relationship to person _____
_____ Military duty
_____ Other (specify): _____

The leave needs to begin on: _____

I expect to return to work on: _____

I understand to take a medical leave due to personal illness or injury, I will need to present a doctor's statement certifying that I am unable to work. Also, I understand that if my leave is for personal illness or injury, I must present a doctor's statement certifying that I am fit to return to work (and specifically identifying any limitations on my work activities) before I will be allowed to return to work.

If my leave is over 30 calendar days, I will need to provide to the NISEC a medical update from my physician to continue the leave.

All information can be faxed to the NISEC – attention Assistant Director. All updates and concerns should be addressed to the Assistant Director.

I understand that all leaves must be approved by the Administration. Extended leaves are disruptive to the educational setting and are considered carefully. A leave may be denied under certain circumstances.

Employee's Signature: _____

Date: _____

VOLUNTARY RESIGNATION

Employee Name: _____

Current School: _____

Area of disability assigned: _____

I voluntarily resign my employment with: _____

Effective: _____
 Month Day Year

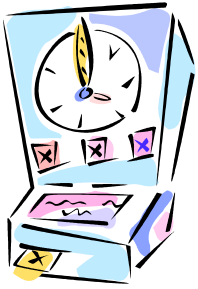
My reason(s) for leaving are:

Employee signature: _____ Date: _____

Office use only

Received by Coop. on _____

Board of Managers meeting _____



REQUEST FOR PARAPROFESSIONAL CHANGE OF HOURS

Complete this form to request a change in hours from the current hours assigned to your paraprofessional. A completed form does not automatically authorize the additional paid time. Requests will be reviewed and a decision sent back to you and the paraprofessional.

Paraprofessional's Name: _____

Assigned School: _____

Change current number of hours from: _____ to _____ hrs. per day

Reason additional time is needed: _____

Request made by: _____ Date: _____

Submit completed form to District Director.

District Director received request on: _____

Recommended Not recommended

Reason: _____

Signature: _____

Assistant Director received request on: _____

Recommended Not recommended

Reason: _____

Signature: _____

REQUEST FOR EXTRA PARAPROFESSIONAL PAID TIME



Complete this form when extenuating circumstances necessitate the paraprofessional working over the established hours. **This is a one-time request for the specific day.** Requested hours must be shown on time sheet in order to receive pay.

Paraprofessional's Name: _____

Assigned School: _____

Date extra hours needed: _____

Hours worked/to be worked on the above date: _____

Reason for the additional time: _____

Supervising Teacher: _____

Date request completed: _____

Fax to Assistant Director at the Cooperative immediately (769-4563).

Assistant Director received request on: _____

Approved Not approved because: _____

Signature: _____

1/2

1/2

HALF-DAY for PARAPROFESSIONALS

When your school has a half-day for students, the Cooperative calculates half-days as 3.25 hours for paraprofessionals. If the assigned paraprofessional works longer than those hours on a half-day, you must complete this form. You must fill out completely to assure the paraprofessional(s) is paid correctly. This information is cross-referenced to the pay voucher that is later submitted.

Please submit the completed form to the Cooperative by September 15.

School: _____

Teacher(s) Names: _____

Name(s) of Paraprofessional(s): _____

Indicate date(s) of Half-day(s)

Hours worked

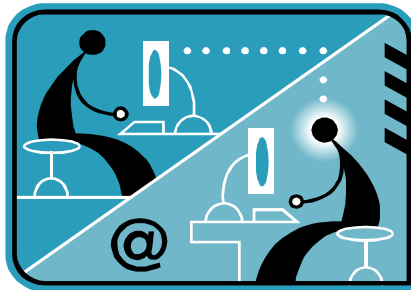
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PROFESSIONAL/ABSENCE LEAVE FORMS

All staff members will use the online Professional Leave/Absence Forms. It is a fast and easy process for everyone. No paper copies will be accepted.

Easy Steps:

1. Go to www.nisec.org.
2. Click on the last tab called 'Staff Login'.
3. Select 'NISEC On-Line Forms' link.
4. Type in the user name as '**nisec**' (note: small letters).
5. Type in the password as '**nisec**' (note: small letters).
6. Click on '**Login**'.
7. Choose the form you want – **NISEC Professional Leave or NISEC Absence.**
8. Complete the required information (note: where there is a red asterisk, you must fill in the info or you cannot submit the form).
9. On the Professional Leave form, by providing an e-mail address, the response is faster.
10. When the form is done, click on '**Submit**'. You may wish to print the confirmation page that is displayed after you submit the form.
11. You should receive a reply in less than 48 hrs. by e-mail for all professional leave forms.
12. Once a Professional Leave form is reviewed and you receive an e-mail response and can save it to a file.
13. **NEW process when choosing professional leave as reason for absence** – when you return from your professional leave, complete the absence form and submit it.
14. On the absence form there is no e-mail for replies. You simply complete the form, submit it and save a copy for your records.
15. Log Out of the form link when finished.



If you have challenges with any part of this, please contact Debbie Sheets.

Employee Acknowledgement of Placement on Salary Schedule

I understand and acknowledge that I am beginning employment during the _____ school year at following level of experience on the paraprofessional salary schedule:

(check one)

_____ Probationary substitute status (\$7.75 per hour)

_____ Starting rate – 0 yrs. Exp. (no benefits) (\$9.15 per hour)

_____ 1-3 years experience (\$9.50 per hour)

_____ 4-6 years experience (\$10.15 per hour)

_____ 7 or more years experience (\$11.25 per hour)

I further acknowledge that included in this placement on the salary schedule is credit NISEC granted to me when I first began employment for _____ years of prior work experience. I understand that I will not advance to the next step on the salary schedule unless I work at least 120 continuous school days with no break in service during the _____ school year. I further understand that if I do not work at least 120 continuous school days with no break in service during the _____ school year, then I will remain at the same step on the salary schedule next school year.

Print Name: _____

School Assigned: _____

Signature: _____

Date: _____

Return this completed form to NISEC within the first week of the school year or the first week of employment.

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of individual requesting reasonable accommodation: _____

School where the requesting individual works or has applied for employment: _____

1. **Job held or desired by individual requesting reasonable accommodation** (including occupational series, grade level, and office):

2. **Reasonable accommodation needed for:** (check one)

_____ Application Process

_____ Performing Job Functions or Accessing the Work Environment

_____ Accessing a Benefit or Privilege of Employment (e.g., attending a training program)

3. **Type(s) of reasonable accommodation requested** (e.g., adaptive equipment, staff assistant, modified job duties, removal of architectural barrier):

4. **Date reasonable accommodation requested:**

Who received request: _____

5. **Reasonable accommodation:** (check one)

_____ Approved

_____ Denied (If denied, attach copy of the written denial letter/memo.)

6. **Type(s) of reasonable accommodation provided** (if different from what was requested):

7. **Date reasonable accommodation provided** (if different from date approved):

8. **Was medical information required to process this request? If yes, explain why.**

9. **Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations** (e.g., Disability

Coordinator, 504 Coordinator, etc.)

10. **Comments:**

Submitted by: _____ Phone: _____

Attach copies of all documents obtained or developed in processing this request.

REQUEST TO BE GRANTED PRIOR SERVICE CREDIT FOR PURPOSES OF ADVANCING ON THE SALARY SCHEDULE

I am requesting service experience for advancement on the salary schedule as I have worked for at least 120 continuous school days in each school year at the following public school corporations:

Name of School/Corporation: _____
Street Address: _____
City, State ZIP: _____
Employment began: _____ Employment Ended: _____

Name of School/Corporation: _____
Street Address: _____
City, State ZIP: _____
Employment began: _____ Employment Ended: _____

Name of School/Corporation: _____
Street Address: _____
City, State ZIP: _____
Employment began: _____ Employment Ended: _____

Print Name: _____
Current Assignment: _____
Signature: _____
Date: _____

Office Use Only:
Received on: _____
Response by Assistant Director: Yrs. granted or denied _____
Reason: _____
Signature of Assistant Director: _____