



Tuscola ISD

Financial Support to Local Districts for Paraprofessional Staff

Request Form

Local Districts can request financial assistance for the cost of one-on-one paraprofessional staff for special educational students with severe behavioral issues. TISD will reimburse local districts a portion of the cost of the salaries of one-on-one as long as designated funds are available. The total amount of funds is capped and will be available until the funds are depleted. Funds are for special education students only. Funds are only for the salary of the aide, not benefits. Reimbursement is available as follows:

75% reimbursement for up to 90 days and 50% reimbursement for another 90 days, if necessary (or a portion thereof). A district may use this program for up to 2 special education eligible students at one time. It can only be used once per the lifetime of a student. The local district accessing these funds will be responsible for locating and supervising the aide. Whenever possible, the district will utilize PCMI for the employment of the aide. TISD will pay PCMI directly and will bill the remainder to the district on a quarterly basis.

To be eligible for these funds the School Social Worker must be directly involved with the student and the following items must be answered in the affirmative:

1. Assigning a student a one-on-one aide is one of the most restrictive placements for a student with an IEP. As such it should be a "last resort" support (except in rare circumstances). Has the team conducted a thorough Functional Behavioral Analysis? Please provide a synopsis (attach additional pages if necessary).

2. Has the team developed a sound Behavior Intervention Plan that has been implemented with fidelity for a time long enough to collect relevant data to determine if the plan is working and has the plan been adjusted accordingly at least once prior to requesting the funds? Provide a short narrative with timelines and a description of the team's activities as they relate to the BIP (attach additional pages if necessary).

District Name

Student Name

Eligibility

School Social Worker

Date

(All Conditions listed above have been met and I approve this request as valid.)

Approved _____

Denied _____

Need More Information _____

Asst. Superintendent Special Ed

Date