

PARA-EDUCATOR “COLLABORATION” TIME

REPORT FORM

PARA-EDUCATOR NAME: _____ **MONTH:** _____ **YEAR:** _____

** Log one week per row**

DATE	TOTAL MINUTES	SUBJECT OF MEETING	Teacher's Initials
<i>1st Week:</i>			
<i>2nd Week:</i>			
<i>3rd Week:</i>			
<i>4th Week:</i>			
<i>5th Week: (if applicable)</i>			

Para-Educator's Signature

Date

NOTE: The Para-Educator is responsible for retaining this form and keeping a school year's worth of documented "Collaboration Hours" in the event proof of hours worked is necessary.