



Chapter 408 Paraprofessional Verification Form (Form 3)

As a Paraprofessional, you are signing that:

- You have reviewed the contents of the student’s IEP with the Principal’s Designee or Primary Provider.
- You confirm that you have been advised and understand the needs of the student as it relates to your role as a Paraprofessional.
- You can request to review the IEP on an ongoing basis with the Principal Designee/Primary Provider.
- You have been informed that the student’s IEP must remain confidential and should not be disclosed to any other person(s) consistent with the School District’s Policy for ensuring confidentiality of student records.

Assignment (check appropriate box)

- Classroom Paraprofessional
- Crisis Paraprofessional
- Health Paraprofessional
- Toileting Paraprofessional
- Alternate Placement Paraprofessional
- Orientation/Mobility Paraprofessional
- Other (specify): _____

Student Name	Student ID Number	School Year	Grade	Date of IEP
		2024-25		

I have reviewed the student’s IEP and agree with the statements above.

Paraprofessional’s Name (print): _____

Paraprofessional’s Signature: _____ Date _____

Principal’s Designee/Primary Provider Name (print): _____

Principal’s Designee/Primary Provider Signature: _____ Date _____

This completed form must be kept on record in a master binder of all student forms, maintained by the principal’s designee(s), and kept confidential in a secure, locked area, in the event of a requested review by the New York State Education Department.

This distribution/review process must occur each time a new IEP is developed (i.e., after IEP is initially developed and after each annual IEP meeting, amendment, reconvene, re-evaluation, or three-year review), and a new form must be completed at that time.