

**INDIAN PRAIRIE DISTRICT 204**  
**Recommendation for Teacher Assistant to receive approval**  
**to take staff development class**

I am recommending that the following teacher assistant \_\_\_\_\_  
( print name)  
be given approval to take a staff development class: \_\_\_\_\_  
(name of class)  
offered on \_\_\_\_\_ by \_\_\_\_\_  
(date) (instructor)  
at \_\_\_\_\_. If approved, I understand that the T.A. will be reimbursed at the rate of  
(location)  
their hourly pay. (NOTE: You must receive approval prior to the date that the class is offered, approval may not be  
given retroactively.)

- \_\_\_ The T.A. is a new teacher assistant and this class is part of the required 6 hours
- \_\_\_ The T.A. is a new teacher assistant and has completed the required 6 hours
- \_\_\_ The T.A. has been a teacher assistant in District 204 for one or more years

_____ (Teacher Assistant signature)	_____ (Date)	Class recommended by:	
_____ (School)		_____ (Supervisor)	_____ (Date)
		_____ (Administrator)	_____ (Date)

**SUPERVISOR OR ADMINISTRATOR MUST COMPLETE THIS PORTION BEFORE SUBMITTING:**

Please indicate below why this class is being recommended (Example: Class: Autism, Reasoning: This teacher assistant has been assigned to work with a child with autism and needs additional training.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----

**FOLLOWING PORTION IS TO BE COMPLETED BY THE STUDENT SERVICES DEPARTMENT:**

Date Received: \_\_\_\_\_ Approved: Yes No  
Reason for non approval:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sharon Tate / Diane Fleischel  
Assistant Superintendent / Director Student Services

**DIRECTIONS:**

1. Send completed copy of this "Recommendation for approval" form to Claudia Whitman at the CEC for Student Service approval.
2. Photocopy will be returned to T.A. after approval.
3. After completing the class, the instructor will distribute a verification of attendance/Kronos voucher form. Give this Kronos authorization form to your building's secretary (Kronos manager)