

SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)
EDUCATION ASSISTANT & YOUTH & FAMILY
WORKER ASSIGNMENT INFORMATION

IT IS IMPORTANT THAT ALL REQUESTED INFORMATION BE COMPLETED.

Education Assistant: _____

School: _____ Classroom _____

Student: _____ Grade _____

**Students who are designated as high needs should have a yellow Student Information Binder prepared for subs. Location of binder _____

Teacher / Case Manager: _____

****Breakdown of hours need to be recorded****

	Start time	A. M. Break	Lunch	P. M. Break *	Finish Time	Hrs./Day
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
					TOTAL Hrs./Wk.	

***If assignment greater than 27.5 hours/wk.**

Specific disability of student: Please check applicable need of student

- | | | | |
|---|--------------------------|-----------------------|--------------------------|
| Physical Support | <input type="checkbox"/> | Communication | <input type="checkbox"/> |
| Aggressive Behavior | <input type="checkbox"/> | Autism | <input type="checkbox"/> |
| Critical needs for student to start the day | <input type="checkbox"/> | Student Bolts | <input type="checkbox"/> |
| Equipment needs | <input type="checkbox"/> | Feeding Tube | <input type="checkbox"/> |
| Epi-Pen/Allergies | <input type="checkbox"/> | Meet student at Bus | <input type="checkbox"/> |
| Seizures | <input type="checkbox"/> | Arrival time: _____ | |
| Medications | <input type="checkbox"/> | Departure time: _____ | |
| Location: | | | |
| Personal Care (toileting, diapers, feeding) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

In order to support your sub it is helpful to **describe** specific needs as indicated above: (or any other helpful information)