INSTRUCTIONAL ASSISTANT CORE COMPETENCY VALIDATION FORM

INSTRUCTIONS: Enter the date, in the appropriate column, after each competency that the instructional assistant currently possesses.

Please return to Human Resources

Name_____ **ID** _____ **School**_____

Core Competencies	Class	Interview	Observation/ Demonstration
1. An understanding of the value of providing instructional and other direct services to all children and youth with disabilities.			
2. An understanding of the roles and responsibilities of certificated/licensed staff and Instructional Assistants.			
3. Knowledge of (a) patterns of human development and milestones typically achieved at different ages, and (b) risk factors that may prohibit or impede typical development.			
4. Ability to practice ethical and professional standards of conduct, including the requirement of confidentiality.			
5. Ability to communicate with colleagues, follow instructions, and use problem-solving and other skills that will enable the Instructional Assistant to work as an effective member of the instructional team.			
6. Ability to provide positive behavioral support and management.			
7. Knowledge of the legal issues related to the education of children and youth with disabilities and their families.			
8. Awareness of diversity among the children, youth, families, and colleagues with whom they work.			
9. Knowledge and application of the elements of effective instruction to assist teaching and learning as developed by the certificated/licensed staff in a variety of settings.			
10. Ability to utilize appropriate strategies and techniques to provide instructional support in teaching and learning as developed by the certificated/licensed staff.			
11. Ability to motivate and assist children and youth.			
12. Knowledge of and ability to follow health, safety, and emergency procedures of the agency where they are employed.			
13. Awareness of the ways in which technology can assist in teaching and learning.			
14. Awareness of personal care and/or health-related support.			

I have reviewed the core competencies listed above and their respective sign-offs. My signature certifies that the employee has completed the requirements for the Core Competency.

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Name **Title** **Date**