

Education Assistant / Youth & Family Worker Assignment Information

All information must be completed annually and destroyed at the end of year. This form needs to be available for replacement staff in school and submitted to School Administration by **SEPTEMBER 30 annually** (and updated throughout the year).

Staff Name: _____

School: _____

Supervising Teacher(s): _____

Grade (and Classes for Secondary): _____

Inclusion Support Teacher(s): _____

Supervision Times:

Before School: _____ Location: _____

Recess: _____ Location: _____

Lunch: _____ Location: _____

After School: _____ Location: _____

Specific Materials Required and their Location:

Specific Information about the Class if applicable:

Student support: (Complete the Following Chart) (type in and use more space if necessary):

| Students' Names | Times of Day and/or Classes (Secondary) | What is your role in supporting the student(s) in the class? |
|-----------------|---|--|
| | MONDAY | |
| | TUESDAY | |
| | WEDNESDAY | |
| | THURSDAY | |
| | FRIDAY | |