The Connecticut Paraprofessional of the Year Program recognizes outstanding paraprofessional contributions to their schools and communities. The program honors one paraprofessional who has demonstrated exceptional skill and dedication in the performance of their jobs, thereby earning them the respect and admiration of students, teachers, administrators, coworkers and parents.

**Timeline for Selection of Connecticut Paraprofessional of the Year**

Winter 2012 ··············· Nomination packets mailed to Superintendents
June 8, 2012 ··············· Nomination packets must be postmarked by this date
September 2012 ·········· 2013 Connecticut Paraprofessional of the Year and three finalists identified by state selection committee
November 14, 2012 ······ Connecticut Paraprofessional of the Year is announced at Statewide Paraprofessionals as Partners Conference

**Nomination Procedures**

The following requirements must be met in nominating a candidate for the 2013 Connecticut Paraprofessional of the Year Program: Prior to June 8, 2012, districts may select a candidate who will represent their district as the Connecticut Paraprofessional of the Year. The method and materials used to select the candidate may vary according to the district. The public must view the process as fair and inclusive. Submit the completed nomination packet. **Provide three (3) letters of recommendation, one of which must be from the nominee’s principal or supervisor, one from a teacher or related services staff member they have worked with in the last 3 years.** The third letter may come from a paraprofessional colleague, parent, another teacher/related services staff member with whom they have worked a student, or other administrators. **Recommendation letters must provide specific examples of the nominee’s contributions to his/her school and district and should relate to applicant’s work as a paraprofessional.** No more than three (3) recommendation letters (limited to one page each) will be accepted.

**Awards Recognition**

The Paraprofessional of the Year will be announced during the Annual statewide Paraprofessionals of the Year Conference. The Paraprofessional of the Year will become a member of the School Paraprofessional Advisory Council. Awardees will represent Connecticut at the annual National Resource Center for Paraprofessionals (NRCP) Conference.

**Eligibility**

Each district may nominate only one paraprofessional. Only paraprofessionals who assist teachers in the delivery of instruction and related services to students are eligible for this award.

For more information regarding the Connecticut Paraprofessional of the Year Program, please contact, Iris White, Education Consultant, CSDE, at 860-713-6794 or by e-mail at iris.white@ct.gov.

**Save the Date!**

**SERC’s 17th Annual Statewide Paraprofessionals as Partners Conference**

**November 14, 2012**

If you have any questions regarding this conference, feel free to contact Stefanie Carbone, Consultant at SERC 860-632-1485 X306. CREC (Capitol Region Education Council) has developed a wiki space with resources and materials that can be used to support professional development for paraprofessionals, including video resources: http://paraprofessional-crec.wikispaces.com.

District Spotlight: Portland Public Schools

Portland Public School District has provided the following professional development topics to their paraprofessionals during professional development days:

* The Roles and Responsibilities of the Paraprofessional in the Regular Classroom;
* Autism Spectrum Anxiety Disorders in students;
* Bullying;
* Read Naturally;
* Envision Math; and
* Smart board Training.

For more information regarding Portland’s Professional Development Program for Paraprofessionals, please contact: William Knies, Special Services Director, at wknies@theportlandct.us.
Update for District Contacts for Paraprofessional Issues

A Paraprofessionals Guide to Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Facts about ADD/ADHD

- Estimates of incidence rates of ADHD vary widely, from less than 1 percent to more than 20 percent of the population. This variation occurs because of the imprecision of terms such as “hyperactivity” and “impulsivity.” The best current estimates are that between 3 percent and 5 percent of school-age children have this disorder.
- Although it is most often diagnosed in children, ADD/ADHD is a lifespan disorder that affects individuals at all ages.
- Boys are diagnosed at least 3 times more often than girls, although available evidence indicates that girls are probably underdiagnosed.
- ADHD is often inherited. It is very common to find that relatives of a child with ADHD were, or are, considered to be hyperactive, impulsive, inattentive, or all three, at school, in the community, or at work.

Symptoms

The symptoms of ADHD are divided into inattentiveness, hyperactivity, and impulsivity. Those children with the inattentive type are less disruptive and are more likely to miss being diagnosed with ADHD.

Inattentive ADHD symptoms:

1. Fails to give close attention to details or makes careless mistakes in schoolwork.
2. Has difficulty sustaining attention in tasks or play.
3. Does not seem to listen when spoken to directly.
4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
5. Has difficulty organizing tasks and activities.
6. Avoids or dislikes tasks that require sustained mental effort (such as schoolwork).
7. Often loses toys, assignments, pencils, books, or tools needed for tasks or activities.
8. Is easily distracted.
9. Is often forgetful in daily activities.

Hyperactivity symptoms:

1. Fidgets with hands or feet or squirms in seat.
2. Leaves seat when remaining seated is expected.
3. Runs about or climbs in inappropriate situations.
4. Has difficulty playing quietly.

Approaches:

Behavioral Approaches: Used in treatment of ADHD to provide structures for the child and to reinforce appropriate behaviors. Best practice research indicates a child may benefit from a positive behavioral intervention plan that clearly outlines expectations and includes positive support.

Pharmacological Approaches: Decision to prescribe any medicine is the responsibility of medical—not educational—professionals, after consultation with the family and agreement on the most appropriate treatment plan. Children with ADHD are often bright, enthusiastic, creative individuals. With early diagnosis, understanding, treatment, and management, they can be helped to realize their potential and make valuable contributions to society. The successful social and academic education of the child with ADHD, however, cannot be left to chance. It requires long-term cooperation and collaboration among family members, educators, physicians, and other professionals. Behaviors of impulsivity, inattention, and hyperactivity can make functioning in the school setting difficult.