**[Please Use Official LEA Letterhead]**

[Date]

To Whom It May Concern,

This letter confirms that **[Employee’s Full Name]** is currently employed as a paraeducator/paraprofessional at **[Local Educational Entity Name]**. Their employment began on **[Start Date of Employment]**. Their required clearances indicate they are able to work in our LEA, and they remain in good standing with our organization.

Our district supports **the employee** as they participate in the Luzerne Intermediate Unit’s Paraeducator to Special Education Certification Program. We believe this program will further enhance their skills and benefit their professional growth and our educational community.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**[Name of Authorized School Administrator or HR Representative]**

 **[Title]**

**[Phone Number]**

**[Email Address]**