



**ARIZONA STATE SCHOOLS FOR THE DEAF AND THE BLIND**  
**Class Specification**

**SPEECH-LANGUAGE PATHOLOGIST**

<b>DEPARTMENT:</b>	<b>SUBJECT MATTER:</b>	
Agency		
<b>HUMAN RESOURCES USE ONLY:</b>	<b>PAY GRADE:</b>	<b>FLSA STATUS:</b>
	Related Services	Exempt
<b>JOB CODE:</b>	<b>CLASS CODE:</b>	<b>EEO CODE:</b>
GSD20010	250	2

**CLASS SUMMARY**

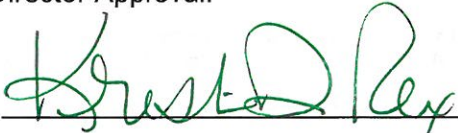
The Speech-Language Pathologist is part of the related services providers and is responsible, within the professional speech/language scope of practice, for evaluating, diagnosing, and providing direct intervention with students to treat speech, voice, fluency, and language disorders. Collaboration with teachers, parents, and other related service providers is an important part of student therapy.

Duties include: developing a variety of speech and language treatment plans; administering and screening speech and language assessments; screening, evaluating, and writing comprehensive reports on evaluated students; assisting in the development of the IEP (Individual Education Program); consult/participate in the Multi-disciplinary Evaluation Team providing direct therapy and instruction to students; developing a variety therapy and instructional strategies; consulting with staff and parents regarding speech/language needs of the student; Participating in continuing education courses and workshops.

Participates in the MIPS (Medicaid in Public Schools) as directed.

Position will be responsible for some or all of the listed duties and/or additional duties that occur from time to time.

Program Director Approval:



4/26/17

Signature/Date



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**TRAINING AND EXPERIENCE:**

**LICENSING/CERTIFICATION REQUIREMENTS:**

- Must be able to pass FBI and State background check
- Defensive Driver Training Program to be completed by all agency personnel that drive on State business

**KNOWLEDGE OF:**



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**DEMONSTRATED SKILL/ABILITY TO:**

**ADA AND OTHER REQUIREMENTS:**

**Physical Activity -**

**Physical Requirements –**

**Visual Acuity -**

**Working Conditions –**



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<b><u>ESSENTIAL DUTIES:</u></b> This class specification represents only the core areas of responsibilities; specific position assignments will vary depending upon the needs of the department.	<b><u>PERCENT OF TIME</u></b>	<b><u>FREQUENCY</u></b> Daily/Monthly /As Required
Must total 100% (F9 to update total)	%	



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**EMPLOYEE:**

*I have reviewed the contents of the position description, and it accurately reflects my job. My acknowledgement indicates that I agree to the duties and tasks as assigned.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUPERVISOR:**

*I have reviewed the contents of this position description with the employee.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PROGRAM DIRECTOR/PRINCIPAL:**

*I have reviewed the contents of the position description, and it accurately describes this position.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date