JOB DESCRIPTION CREATION / REVISION DATE: 2/28/18

POSITION TITLE: Speech and Language Pathologist

DEPARTMENT: Extended School Year

REPORTS TO: Extended School Year Administrator

SUPERVISES: N/A

POSITION GOAL(S):
To work with parents, students, and staff in order to prevent, identify, evaluate and remediate a wide range of oral communication problems, including articulation, voice, fluency and language disorders.

JOB DUTIES / ACCOUNTABILITIES:

1. Prevention consultation, including in service training and speaking with parents and parent groups.
2. Identification pre referral (student support teams), screenings, and referrals for the evaluation process.
3. Assessment utilizing data collection through standardized or non-standardized measures, interpretation, report writing, sharing results with parents and staff, determining eligibility for services, and developing IEP’s.
4. Intervention through caseload management (scheduling), direct remediation within the educational setting, pull out services, consulting on academic and social issues, developing ongoing goals, documenting progress, collaborating with classroom teachers, and holding review meetings.
5. Complete caseload records for special education funding as requested.
6. Maintain student IEP’s and evaluations on web based computer program.
7. Other duties as assigned.

EXPERIENCE / KNOWLEDGE:

1. Background in speech and language

EDUCATION:

1. Illinois Professional Educator’s License (PEL) with Speech and Language Pathology endorsement (Type 73 or Type 10 or Type 03/09).
2. Illinois Department of Professional Regulation Speech Language Pathologist License.
3. Master’s degree or higher in Speech Language Pathology.

PHYSICAL DEMANDS:

1. Occasionally requires physical exertion to manually move, lift, carry, pull, or push objects or materials up to 30 lbs. with proper technique.
TERMS OF EMPLOYMENT:
This is a temporary position.

EVALUATION:
Performance of this job will be evaluated in accordance with provisions of the Board’s policy on evaluation of ETA employees.

Employee Signature: ________________________________ Date: ______________
Supervisor Signature: ________________________________ Date: ______________