JOB DESCRIPTION
K-6 DUAL LANGUAGE ONE WAY TEACHER
ES Extension Learning Region # 4

JOB DESCRIPTION CREATION / REVISION DATE: 05/08/2020

POSITION TITLE: K-6 Dual Language One Way Teacher

DEPARTMENT: Curriculum & Instruction

REPORTS TO: Summer School Administrator

SUPERVISES: N/A

POSITION GOAL(S):
To provide quality educational experiences during the summer for students requiring intervention for academic promotion.

JOB DUTIES / ACCOUNTABILITIES:
1. Actively participate in a minimum of 30 hours of professional development as scheduled
2. Attend meetings scheduled by the administrator
3. Follow the learning schedule
4. Implement curriculum and instruction using materials provided
5. Encourage engaged and cooperative learning
6. Prepare, in collaboration with the student assigned, a set of classroom rules in addition to the site rules
7. Participate in all program evaluations

EXPERIENCE / KNOWLEDGE:
1. Ability to work successfully with learners at risk for failure
2. Knowledge of balanced literacy instructional practices
3. Knowledge and willingness to use portfolio assessment

EDUCATION:
1. Bachelor’s degree in related subject from accredited university.
3. Bilingual and/or English as a Second Language (ESL) Endorsement/Approval is required based on teaching assignment.
4. Fluent verbal and written Spanish and English skills.
5. Bicultural awareness of both Spanish speaking countries and mainstream English speaking community.

PHYSICAL DEMANDS:
1. Requires prolonged sitting or standing.
2. 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.
Schools: O’Neal, Hilltop, Huff, Hillcrest, Highland, Washington, Lords Park, Timber Trails

PD: June 3\textsuperscript{rd} and 4\textsuperscript{th}
Time: 9 am – 11 am – 1 hour Prep
Session 1 – June 8 – June 25
Session 2 – June 29 – July 16

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

Employee Signature: _____________________________    Date: _____________

Supervisor Signature: _____________________________    Date: _____________