# **PONTIAC WILLIAM HOLLIDAY DISTRICT #105** JOB DESCRIPTION

Position Title: Speech Language Pathologist Department: Location: Reports to: Principal FLSA Class: Non-Exempt Revised Date:

## **SUMMARY**

To provide prevention, assessment, and remediation services for students who exhibit difficulties in the areas of language, speech, voice, and fluency in accordance with the Illinois Special Education Rules and Regulations.

## **DUTIES**

- 1. Provide services for students from 3 years of age through  $8^{th}$  grade.
- 2. Create and maintain student service schedule
- 3. Provide functional observations of students in a variety of communicative settings
- 4. Complete comprehensive speech and language evaluations and/or other specialized assessments using standard test batteries and multiple supplemental tests as appropriate and provide a written summary of evaluation results which adequately synthesizes information and yields meaningful recommendations
- 5. Review independent reports and incorporate the information to that which is currently existing
- 6. Participate in all school, building, grade level, etc meetings as needed
- 7. Effectively communicate evaluation results verbally and in written form
- 8. Provide direction and guidance for teachers and parents in reinforcing skills addressed in therapy
- 9. Maintain a high degree of confidentiality
- 10. Demonstrate accurate, up to date knowledge of content and learning standards
- 11. Collect continual data reflecting growth tied to the students' needs for support and/or the IEP goal(s)
- 12. Continue to seek professional development opportunities in order to stay informed about most current practices in the field and as required for license renewal
- 13. Work as a member of a multidisciplinary team and serve as a specialist to others in regards to speech and language
- 14. Prepare IEPs for students
- 15. Maintain accurate documentation adhering to the dates and timelines set forth by Federal and State governments, and District 105
- 16. Participate in and/or facilitate IEP and any other related meetings (early intervention, preschool, CRT, etc)
- 17. Assist in facilitating the inclusion of special education students into the general education setting

- 18. Collaborate with classroom staff members (teacher, paraprofessional, etc), other related service staff, and administrators in an effort to serve the students most effectively
- 19. Participate in parent-teacher conferences
- 20. Provide in-service/training for parents, teachers and other staff members as needed
- 21. Interpret, design, and define IEP goals and objectives related to speech language functioning
- 22. Create, order, and evaluate materials related to speech language on a regular basis
- 23. Participate in the preschool screening process
- 24. Assist in the coordination of records associated with preschool, early intervention, and transition referrals
- 25. Work with non-public schools to identify, assess and provide services as required by law and statute
- 26. Complete requirements and provide documentation for Medicaid reimbursement
- 27. Abide by all District 105 policies
- 28. Assist with the development and implementation of strategic interventions for students
- 29. Assist with the creation of visual/augmentative communication systems for non-verbal students and provide ongoing support
- 30. Provide a continuum of therapeutic service delivery models including, but not limited to, consultative, direct therapy in or out of the regular or special education classrooms, direct therapy in therapy room, group and/or individual settings, etc.
- 31. Administer and/or assist with state or district testing as needed
- 32. Perform other duties as assigned

## **QUALIFICATIONS**

- 1. Holds appropriate Illinois Professional Educator License
- 2. Hold ASHA Certification
- 3. Hold Illinois Professional License
- 4. Has a Master's Degree in Speech Language Pathology
- 5. Possess superior work habits and ethics
- 6. Must be familiar with the use of computers including but not limited to electronic mail, the Internet, word processing, and electronic spreadsheets (Microsoft Office).
- 7. Establish and maintain effective and courteous working relationships with those contacted in the course of work (students, parents, and staff).
- 8. Ability to understand and follow basic oral and written instructions.
- 9. Ability to communicate (verbally and in writing)to students, parents and staff in an acceptable/courteous manner

## ESSENTIAL PHYSICAL REQUIREMENTS

- 1. Physical requirements will be governed under the Americans with Disabilities Act. Must be able to lift, push, or pull up to 20 pounds on a regular basis.
- 2. Must be able to speak, hear, see, and write.
- 3. Tasks require use of hands including repetitive gripping, grasping, lifting, and manipulation of equipment necessary to perform duties.

# **CERTIFIED EMPLOYMENT APPLICATION**

Pontiac William Holliday School District 105 is an equal opportunity employer and educator. District 105 does not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, marital status, disability, unfavorable military discharge or any other unlawful basis in the recruitment, selection or employment of its employees. Individuals requiring accommodation and/or assistance in the application process should contact the Superintendent at 618-233-2320

Date:	e: Social Security #:						
Name:(Last)		(First)	(Middle)				
			(				
	reet)	(City, State)	(Zip Code)				
Permanent Address							
(St	reet)	(City, State)	(Zip Code)				
Telephone Number:							
-	ome)	(Work)	(Other/Cell)				
Email Address:							
Subject Area/Grad	de Level of Position Dest	ired	Date Available to Work:				
	ie Level of I ostiton Desi						
COLLEGE EDUCA	<u>FION:</u>						
(Dates)	(Institution)		(Street, City, State, Zip)				
Degree:	Major:	Minor:	Date Conferred:				
(Dates)	(Institution)		(Street, City, State, Zip)				
Degree:	Major:	Minor:	Date Conferred:				
(Dates)	(Institution)		(Street, City, State, Zip)				
Degree:	Major:	Minor:	Date Conferred:				
	CANT FILE INCLUDES:	. 1/1					
	n with all information compleases of the second stream of the second str						
3. Three letters of re	3. Three letters of reference						
	inois Professional Educator L of your application for an Illir		ack showing expiration date, <u>or</u> a statement cator License.				
-			ct has received a completed applicant file.				

# **EXPERIENCE:**

(Dates)

(Company/Job Title)

# **<u>Teaching Experience:</u>** (List most recent first)

(Dates. Mol	th & Year)	(Institution)	(Street, C	City, State, Zip)	(Grade/Subject
(Dates: Mo	nth & Year)	(Institution)	(Street, C	City, State, Zip)	(Grade/Subject
(Dates: Mo	nth & Year)	(Institution)	(Street, C	City, State, Zip)	(Grade/Subject
`	,	· · · · ·	· · · ·	<b>.</b>	× 3
(Dates: Mo	nth & Year)	(Institution)	(Street, C	City, State, Zip)	(Grade/Subject
udent Teach	ing:				
(Dates: Mor	nth & Year)	(Institution)	(Street, C	City, State, Zip)	(Grade/Subject)
				SIONAL EDUCATO	R LICENSE?
Ye	s No_	Applied	d/Date/Location:		
Ye Lice	s No_ ense Number	Appliec	l/Date/Location:	Endorsement: _	
Ye Lice	s No_ ense Number	Appliec	d/Date/Location:	Endorsement: _ Endorsement: _	
Ye Lice	s No_ ense Number	Appliec	l/Date/Location:	Endorsement: _ Endorsement: _ Endorsement:	
Ye Lice	s No_ ense Number	Appliec	l/Date/Location:	Endorsement: _ Endorsement: _ Endorsement: Endorsement:	
Ye Lice	s No_ ense Number	Appliec	l/Date/Location:	Endorsement: _ Endorsement: _ Endorsement: Endorsement: Endorsement:	
Ye Lice Lice	s <u>    No</u> ense Number ense Number	Appliec	l/Date/Location:	Endorsement: _ Endorsement: _ Endorsement: Endorsement: Endorsement:	
Ye Lice Lice <b>ther Work E</b>	s No_ ense Number ense Number <u>xperience:</u>	Applied	l/Date/Location: _ Type: _ Type:	Endorsement: Endorsement: Endorsement: Endorsement: Endorsement: Endorsement:	
Ye Lice Lice	s No_ ense Number ense Number <u>xperience:</u>	Appliec	l/Date/Location:	Endorsement: Endorsement: Endorsement: Endorsement: Endorsement: Endorsement:	
Ye Lice Lice <b>ther Work E</b>	s No_ ense Number ense Number <u>xperience:</u> (Compan	Applied	l/Date/Location: _ Type: _ Type:	Endorsement: Endorsement: Endorsement: Endorsement: Endorsement: Couper	

(City, State,)

(Supervisor, Phone #)

## Please respond to the following questions:

1) Why have you chosen public education as your profession?

2) Why are you interested in working in District 105?

3) What are the two- (2) most important components of a successful classroom learning environment?

#### **PROFESSIONAL REFERENCES:**

Please identify individuals who are able to provide information regarding your qualifications for the position(s) you seek. Please include superintendents and principals with whom you have worked.

	NAME	POSITION	ADDRESS	TELEPHONE
1)				
2)				
3)				
4)				
5)				

#### In order to be considered for employment, you must answer the following questions:

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation to your previous employer? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please explain the circumstances in the space provided:

- Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
  YES \_\_\_\_\_ NO
  If yes, please explain the circumstances in the space provided:
- 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of your sexual contact with another person, of mishandling funds, or of criminal conduct resulting in a conviction or criminal penalty? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain the circumstances in the space provided:
- Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or "no contest", or (c) has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? <u>YES</u> NO
  If yes, please explain the circumstances in the space provided, including the date of the charge, the court action, the offense in question, and the address of the court involved.
- 5. Have you ever failed to be reappointed? \_\_\_\_ YES \_\_\_\_ NO If yes, where and why? If yes, please explain the circumstances in the space provided:

#### **Applicant's Acknowledgment and Agreement**

1. Applicants for a certified position are advised that the making of a willfully false statement or knowing omission of any employment history on this application may constitute a Class A misdemeanor. Any materially false statements or omissions on this application for employment will be reason to deny the application for hire and will lead to termination of employment.

TYPE/PRINT YES OR NO AT THE END OF EACH STATEMENT IN THIS SECTION (a – d).

- a. Accordingly, I hereby acknowledge that the statements made herein are accurate and that I have not omitted any requested information.
- b. I acknowledge that if I am hired, I will be required to provide evidence of physical fitness to perform duties assigned and freedom from communicable disease in accordance with Section 24-5 of the *School Code*.
- c. I acknowledge that if I am hired, I will be required to abide by all rules, regulations and board policies of Pontiac William Holliday School District 105.
- d. I authorize you to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
- e. In the event of employment, I understand that false or misleading information given in my application or interview(s) or any omission of information may result in discharge. I understand, also, that if I am hired I am required to abide by all of the rules and regulations of the school district.
- 2. My submission of this employment application constitutes authorization to check my employment history, including without limitation, evaluations, conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the recipient(s) of this application contacts in connection with my employment application to fully provide the recipient(s) of this application any information on the matters set forth above. I expressly waive in connection with any request for a provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the recipient(s) of this application and release of all claims, and I expressly agree to the terms set out herein.

Print/Type Name

Signature of Applicant

Date

**\*\*APPLICANT FILES ARE KEPT FOR ONE YEAR FROM DATE OF APPLICATION** It is the applicant's responsibility to update his/her applicant file each year by submitting a new application.