

North Wasco County School District
Job Description – Speech Language Pathologist

Title:	Speech Language Pathologist
Classification:	Licensed
Reports To:	Director of Special Education
Work Year	190 Days/Year

Job Purpose Statement/s:

Screen, evaluate and identify eligible students for speech and language services; design and implement appropriate intervention strategies; collect student performance data and establish and maintain a daily schedule. Supervise communication assistants as necessary. Provide information relative to communication disorders to students, parents, teachers and significant others.

Job Qualifications & Licensure:

- Master's Degree or higher degree (*required*) with a major in one or more of the following areas: Speech Pathology, Linguistics, Special Education
- Possess a valid Oregon Teaching license with a Special Education Endorsement for teaching of speech and language impaired or Oregon Board of Examiners license, or Certification from Clinical Certification in Audiology and Speech-Language Pathology (CFCC)
- Ability to obtain Oregon Board of Examiners permit to supervise SLPA's
- Ability to effectively work and communicate with students, parents, and school personnel from diverse cultures or backgrounds.
- Maintain integrity of confidential information relating to students, staff, or district patrons.

Skills, Knowledge and/or Abilities

- Screen, evaluate and identify eligible students for speech and language services
- Design and implement appropriate intervention strategies, including a broad array of service delivery model including application of technology
- Provide information relative to communication disorders to students, parents, teachers and others as appropriate
- Collaborate with teachers and parents regarding program content and intervention services
- Collect student performance data and establish and maintain a daily schedule
- Monitor the effectiveness of the intervention
- Implement requirements of Federal and State regulations
- Maintain records and reports required by District, State and Federal agencies
- Cooperate with various agencies in referring and providing appropriate reciprocal services
- Analyze and forecast need for services
- Provide services either directly or through consultation as listed on the students IEP.
- Write IEP goals and objectives as necessary for the student on an IEP who has speech and language disabilities
- Participate as an effective team member of the Student Study Team
- Train, schedule, and direct assigned communication assistants to maximize delivery of services
- Cultivate and model a respectful working and learning environment

Workplace Expectations:

- Work effectively with and respond to people from diverse cultures or backgrounds.
- Demonstrate professionalism and appropriate judgment in behavior, speech and dress in a neat, clean and appropriate professional manner for the assignment and work setting.
- Have regular and punctual attendance.
- Confer regularly with other licensed staff and immediate supervisor.
- Follow all District policies, work procedures and reasonable requests by proper authority.
- Maintain the integrity of confidential information relating to a student, family, colleague or District patron.

Physical Requirements:

- In an eight-hour day employee may:

a. Stand/Walk	<input type="checkbox"/> None	<input checked="" type="checkbox"/> 1-4 hrs	<input type="checkbox"/> 4-6 hrs	<input type="checkbox"/> 6-8 hrs
b. Sit	<input type="checkbox"/> None	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input checked="" type="checkbox"/> 5-8 hrs
c. Drive	<input type="checkbox"/> None	<input checked="" type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
- Employee may use hands for repetitive:

<input checked="" type="checkbox"/> Single Grasping	<input type="checkbox"/> Pushing and Pulling	<input checked="" type="checkbox"/> Fine Manipulation
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- Employee may use feet for repetitive movement as in operating foot controls:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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- Employee may need to:

a. Bend	<input type="checkbox"/> Frequently	<input checked="" type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
b. Squat	<input type="checkbox"/> Frequently	<input checked="" type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
c. Climb Stairs	<input type="checkbox"/> Frequently	<input checked="" type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
d. Lift	<input type="checkbox"/> Frequently	<input checked="" type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
- Lifting:

<input type="checkbox"/>	Sedentary Work: Lifting 10 pounds occasionally with frequent sitting and occasional standing/walking.
<input checked="" type="checkbox"/>	Light Work: Lifting 20 pounds occasionally with occasional sitting and frequent standing/walking.
<input type="checkbox"/>	Medium Work: Lifting 50 occasionally, 25 pounds frequently with occasional sitting and frequent standing/walking.
<input type="checkbox"/>	Medium Heavy Work: Lifting 75 pounds occasionally, 35 pounds frequently with occasional sitting and frequent standing/walking.
<input type="checkbox"/>	Heavy Work: Lifting 100 pounds occasionally, 50 pounds frequently with occasional sitting and frequent standing/walking.

Mandatory Child Abuse Reporting: As mandatory reporter (ORS.419b.010) you are required to immediately report to Law Enforcement and or Department of Human Services, any instances of suspected child abuse.

I have read and received a copy of this job description, and understand that a copy of this job description will become part of my personnel file.

EMPLOYEE STATEMENT:

"I have reviewed the above position and understand its content. I am aware that my position description may be revised or updated at any time and once notified of changes, I remain responsible for knowledge of its contents.

I hereby certify that I possess the physical and mental ability to fulfill the essential responsibilities of the above position with or without reasonable accommodation(s). If I require accommodations(s) in order to fulfill any or all of these responsibilities, I agree to provide information to the District regarding the requested accommodation(s)."

Print Name

Employee Signature

Date