Sunflower County Consolidated School District
Miskia Davis, Superintendent
"United For Excellence"

SC C SD

"Where Every Child Will Learn"

JOB DESCRIPTION

TITLE: Language/Speech Pathologist

QUALIFICATIONS: As set by state certification authorities

REPORTS TO: Exceptional Education Director

SUPERVISES: N/A

JOB GOAL: Identifies and services all children with communication disorders, which will include the evaluation, diagnosis and remediation of language, articulation, voice, fluency and hearing disorders

PERFORMANCE RESPONSIBILITIES:
- Meet and instruct individuals and groups in the location and at times designated
- Develop and maintain a classroom conducive to effective learning by organizing time, space, materials, equipment, activities, etc. to take into account differences in capabilities, learning styles, and rate of learning
- Complete necessary special services forms needed for referral to placement process (permission, interviews, screening, etc.)
- Administer and interpret assessment tests for students recommend for the EE program
- Screen hearing and speech/language of students in kindergarten and head start centers
- Conduct parent interviews for initial testing permission, placement, etc.
- Evaluate language, articulation, voice, and fluency
- Serve as a members of the Multidisciplinary eligibility/Evaluation Team (MEET) when appropriate
- Work with the regular and Exceptional Education teachers to plan curriculum for multi-handicapped children
- Demonstrate knowledge of subject matter being taught, while employing a variety of instructional techniques and media, consistent with the needs and capabilities of the individuals/groups involved
- Develop and maintain students' IEP and IEP folders with appropriate documentation – provides appropriate paperwork to the district office

TERMS OF EMPLOYMENT: Salary and work year established by SCCSD School Board.

EVALUATION: Performance of this job will be evaluated bi-annually by the Superintendent.

Approved by: __SCCSD School Board_____ Date: _____

Reviewed and agreed to by: _____ Date: _____
                                        (Employee)

                                     _____ Date: _____
                                        (Supervisor)