OBB COUNTY CHOOL DISTRICT

EMPLOYEE NAME: _____

Created: 2/16; Revised: 6/18

JOB DESCRIPTION

POSITION TITLE: Hospital/Homebound Coordinator	JOB CODE: 145B	
DIVISION: Academic, Support and Specialized Services	SALARY SCHEDULE: Coordinator	
DEPARTMENT: Student Assistance Programs	WORK DAYS: 198	
REPORTS TO: Supervisor, School Counseling	PAY GRADE: CZ00 (Based on CC1 4, 5, 6, or 7)	
FLSA: Exempt	PAY FREQUENCY: Monthly	
PRIMARY FUNCTION: Coordinate the provision of academic instruction to students who are confined to home		
for periods of time that would prevent normal school att	endance.	

REQUIREMENTS:

1.	Educational Level: Master Degree required
2.	Certification/License Required: Valid Georgia Teaching Certificate required
3.	Experience: 3 years successful teaching experience
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5.	Knowledge, Skills, & Abilities: Written and oral communication; knowledge of instructional strategies;
	technology proficiency

The Board of Education and the Superintendent may accept alternatives to some of the above requirements.

ESSENTIAL DUTIES:

1.	Demonstrates prompt and regular attendance.
2.	Provides supervision for the hospital/homebound staff.
3.	Provides academic instruction to hospital/homebound students.
4.	Coordinates the application process for hospital/homebound services.
5.	Communicates with physicians and parents.
6.	Works with local school personnel in coordinating instruction and reporting student progress.
7.	Follows state and local guidelines for hospital/homebound program.
8.	Assists with development of a procedures manual for hospital/homebound instruction, as needed.
9.	Coordinates assignment and services of contracted teachers and hospital/homebound instructors.
10.	Oversees and maintains data for tracking services for hospital/homebound students.
11.	Pursues more integrated use of technology for serving hospital/homebound students.
12.	Performs other duties as assigned by appropriate administrator.

Signature of Employee______Date_____Date_____

Signature of Supervisor _____ Date _____