COBB COUNTY

EMPLOYEE NAME: \_\_\_\_\_

Created: 6/17; 6/18

## **JOB DESCRIPTION**

POSITION TITLE: Coordinator, AVID	JOB CODE: 621F	
DIVISION: Leadership	SALARY SCHEDULE: Coordinator	
DEPARTMENT: Leadership	WORK DAYS: 208	
<b>REPORTS TO:</b> Assistant Superintendent, Leadership	<b>PAY GRADE:</b> CC1 (5, 6, or 7)	
FLSA: Exempt	PAY FREQUENCY: Monthly	
PRIMARY FUNCTION: Support AVID implementation across the District.		

## **REQUIREMENTS:**

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1.	Educational Level: Master Degree required	
2.	Certification/License Required: Valid Georgia Teaching Certificate	
3.	Experience: Multiple years of experience teaching the AVID elective; three or more years of experience	
	coordinating AVID; experience designing and leading professional development	
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities	
5.	Knowledge, Skills, & Abilities: Written and oral communication; strong knowledge of K-12 AVID, strengths in	
	coaching and facilitating professional learning	

## 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.	Supports AVID schools through coaching visits and professional learning sessions.
3.	Facilitates site team training during AVID Summer Institute.
4.	Coordinates events for Cobb AVID sites.
5.	Manages grants and District AVID budget.
6.	Analyzes site needs and provide appropriate support.
7.	Leads District AVID meetings that are differentiated to support the needs of each school.
8.	Communicates District needs to AVID Center representatives.
9.	Coordinates training for AVID tutors.
10.	Oversees data collection and the certification process.
11.	Approves and submits all site data to AVID Center.
12.	Develops and grows partnerships with post-secondary institutions that benefit Cobb AVID schools.
13.	Collaborates with school leadership to engage in a continuous improvement cycle of AVID implementation.
14.	Performs other duties as assigned by the appropriate administrator.

Signature of Employee	Date	
Signature of Supervisor	Date	