



EMPLOYEE NAME: _____

Revised: 3/06; 10/08; 1/10; 8/10, 10/12; 8/17; 6/18; 1/19

JOB DESCRIPTION

POSITION TITLE: Speech Language Pathology Assistant	JOB CODE: 436Z
DIVISION: Academic-Support and Specialized Services	SALARY SCHEDULE: Paraprofessional
DEPARTMENT: Special Education	WORKDAYS: 177
REPORTS TO: Supervisor, Speech-Language Program and/or Education Program Specialist, SLP	PAY GRADE: NZ00 (Based on NH08) + Supplement
FLSA: Exempt	PAY FREQUENCY: Monthly
PRIMARY FUNCTION: Facilitates development of communication skills under the supervision of a certified SLP; serves in the capacity of a substitute SLP.	

REQUIREMENTS:

1.	Education Level: Bachelor Degree in Speech and Hearing Sciences required
2.	Certification/License Required: None
3.	Experience: 2 years of experience as school based SLP preferred
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5.	Knowledge, Skills, & Abilities: Written and oral communication, knowledge of speech-language disorders, student management

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.	Utilizes appropriate procedures for student safety and welfare.
3.	Manages therapy schedule and provides therapy under the direction of a certified SLP.
4.	Adjusts or modifies therapy plan based on therapy data.
5.	Collects data on therapy progress and completes progress reports according to IEP.
6.	Uses appropriate behavior management strategies.
7.	Assists in developing an Individual Education Plan for students with speech-language disorders.
8.	Reviews plans and schedules to be followed with a certified SLP on a regular basis.
9.	Consults, as appropriate, with the building principal or a certified SLP or SLP Supervisor before initiating any procedures or change not previously approved.
10.	Follows the policies, rules, and procedures as appropriate to which regular SLPs are subject.
11.	Performs other duties as assigned by appropriate administrator.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____