

TITLE: Speech Therapist/Pathologist

QUALIFICATIONS: Set by State Certification Authorities

GOAL: To provide assessment of students referred for speech, hearing and/or language disorders and recommend a program of intervention

SPECIFIC RESPONSIBILITIES:

A. Contacts and relationships

1. Supervisory

a. Supervision received

1. Directly: Evaluation Facilitator

2. Indirectly: Supervisor of Special Education

b. Supervision exercised

1. Directly: N/A

2. Indirectly: N/A

2. Organizational

a. Internal

1. Continuous contact with Evaluation Facilitator

2. Frequent contact with principal, teachers and students

3. Occasional contact with Supervisor of Special Education

b. External

1. Continuous contact: N/A

2. Frequent contact with parents

3. Occasional contact with public and private agencies

B. Functions

1. Planning

a. Plan a program of self-improvement

b. Plan a diagnostic program for speech, hearing and language disorders

c. Plan a program of consultative services to school personnel and parents relative to the position

d. Plan a program of habilitation for preventing communication disorders

2. Implementation

a. Administer, score and interpret individual tests of hearing, speech, and language

b. Interpret the evaluation to school personnel and parents

c. Make a diagnosis and write a recommendation for individual students with speech, hearing and/or language problems

d. Assist in the preparation of the evaluation report

e. Consult with teachers to develop an understanding of individual cases

f. Make referrals for medical or other professional attention necessary for the habilitation of speech, language and/or hearing disorders

g. Make recommendations for the development of the IEP when appropriate

h. Maintain confidentiality of information

i. Determine budgetary needs for the position

j. Perform other duties that may be assigned

3. Control

- a. Prepare and maintain necessary records
- b. Evaluate the assessment instruments used
- c. Monitor the implementation of the recommendations from the evaluation report

---

Employee's Signature

---

Date