

PROPOSED
 CURRENT

DUTY STATEMENT

Note: Shaded area is for Personnel Office use only.


		PERSONNEL REQUEST NO.	EFFECTIVE DATE
DIVISION State Special Schools and Services		POSITION NUMBER (Agency – Unit – Class – Serial) 202-410-9200-016	
UNIT Diagnostic Center, Southern California		POSITION CONTROL NO.	
INCUMBENT		CLASS TITLE Teacher Specialist (Speech and Language Pathologist)	
Briefly (1 or 2 sentences) describe the position's organizational setting and major functions.			
Serves as a member of the Assessment Team in the provision of assessment, training, and technical assistance services to local educational agencies (LEAs), including delivery of information regarding diagnoses and instructional planning for students with disabilities. Utilize knowledge and skills in assessing and planning for individuals with disabilities and functional levels between birth and twenty-one years of age. Utilizes flexible and creative approaches in assessments to maximize opportunities for student cooperation and success and to accommodate to highly unique and atypical characteristics. This is a safety sensitive position.			
% of time performing duties	Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first. (Use additional sheet if necessary)		
30%	Administers, scores, and interprets standardized and informal measures; collects and analyzes additional case-relevant and observational information. This is done in both English and Spanish as needed. <i>(Note: Such activities may occur at the Diagnostic Center, LEA site, other student-specific environments, or any combination thereof. Overnight travel may be necessary.)</i>		
25%	Writes comprehensive reports, including assessment findings and implications for curriculum planning; researches and writes team-determined, individualized recommendations for instruction, related educational and community services, and responses to LEA and Diagnostic Center generated questions or concerns. Writes up information gathered from bilingual assessment as needed.		
5%	Prepares an individualized assessment plan based on concerns presented by local educational agencies after appropriate consideration of medical, educational, and family history.		
5%	Involves parents in assessment process through directed observation, interview and parent education as warranted. This is done in both English and Spanish as needed.		
5%	Interprets and presents assessment data to Assessment Team members.		

5%	Participates actively in Center meetings.
5%	Participates in the integration of psychological, speech-language, education, motor and medical/psychiatric findings and implications, as may be included in a Diagnostic Center report.
5%	Prepares for and presents orally in conferences, effectively discussing and revising as appropriate: transdisciplinary findings, educational programming implications, recommended related services, specific educational methodology and strategies, and additional information as necessary to address LEA questions and concerns. Presents information in Spanish when needed.
5%	Serves as a member of Admissions and Review Committees: screening submitted referrals, consulting with LEAs, determining appropriateness for assessment, and developing assessment plans.
5%	Provides training assistance to LEAs, through on-site visitations, telephone communications, selected mailings, and in service training programs. <i>(Note: Such activities may occur at the Diagnostic Center or other site and may entail overnight travel).</i>
5%	Remains current in the field of education and with respect to transdisciplinary process skills through research and other personally relevant pursuits.

To be reviewed and signed by the supervisor and employee:


Supervisor's statement:

- *I have discussed the duties and responsibilities of the position with the employee*
- *I have signed and received a copy of the duty statement.*

SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE 	DATE
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Employee's statement:

- *I have discussed the duties and responsibilities of the position with my supervisor*
- *I have signed and received a copy of the duty statement*

EMPLOYEE'S NAME (Print)	EMPLOYEE'S SIGNATURE 	DATE
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Distribution: Original: Official Personnel File Copy: Supervisor Copy: Employee Copy: Program File