**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** SPECIAL EDUCATION ASSISTANT – EARLY CHILDHOOD

**SUMMARY:** Assist students with activities to maximize participation in learning and

 achievement of IEP objectives. Perform duties to work with assigned

 individuals or with groups of students to ensure students’ learning and

 behavioral objectives are achieved, which may include the following:

**ESSENTIAL JOB FUNCTIONS:**

1. Implement instructional plans as determined by licensed teachers and therapists.
2. Apply lesson modifications as directed and supplement or change lesson modifications as needed to ensure that learning objectives are met.
3. Provide physical care as needed: diaper, toilet, feed, reinforce adaptive PE/motor activities per instructions from teacher and/or therapist(s); assist, as needed, with independent living skills.
4. Observe and document student behaviors; reinforce appropriate student behaviors; communicate activities to teacher and facilitators.
5. Participate in weekly team meeting to review student progress and plan upcoming lessons and participate in trainings.
6. Assist with non-instructional activities.
7. Retrieve students from buses or cars at the start of classes and escort students to appropriate busses or cars at end of classes when required.
8. Record and update student’s progress toward achievement of individual educational plan.

The statements contained herein reflect general details as necessary to describe the principal functions of this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absences or relief, to equalize peak work periods or otherwise to balance the workload.

**SKILLS, KNOWLEDGE, ABILITIES:**

1. Ability to read, write and speak English sufficient to communicate with students and staff and to assist students with instruction.

2. Ability to add, subtract, multiply and divide, and perform basic arithmetic operations as needed to assist students.

3. Ability to understand, apply and use personal computers and software applications (e.g., Word, Excel). Demonstrate proficiency using the technology and computer-based programs provided by the District. Use these programs to effectively manage and organize files, communication, records and databases.

4. Ability to work with a diverse group of individuals and is sensitive to individual differences.

5. Ability to maintain confidentiality of information regarding students, employees and others.

6. Ability to establish a supportive and compassionate relationship with students with special needs.

7. Ability to establish and maintain cooperative working relationships with students, staff and others contacted in the course of work.

8. Ability to maintain composure in stressful situations and adapt in response to changing conditions.

9. Ability to report work orally or in writing to supervisor as required.

10. Ability to carry out instructions furnished in written or oral form.

11. Ability to work independently, stay on-task, multi-task and take responsibility to complete assigned projects in a timely and efficient manner.

**PHYSICAL ABILITIES:**

1. Employee must be able to use physical ability to lift students and perform other manipulations to diaper, toilet, feed, dress and assist students with other daily living skills.

2. Employee is regularly required to see, speak and hear; frequently required to sit, stand, walk, use hands and fingers to handle or feel, reach with hands and arms, climb, climb stairs or balance, bend, twist, stoop, kneel, crouch or crawl.

3. Employee must be able to push, pull, lift or carry up to 50 lbs.

**EDUCATION/CERTIFICATION/QUALIFICATIONS PROFILE:**

Valid Illinois Educator License with Stipulations (Paraprofessional) required.

Prior experience with special needs children desirable.

**EQUIPMENT:**

1. Use general office equipment.

2. Use personal computers.

3. May need to operate adaptive equipment.

**WORK ENVIRONMENT:**

Work in standard school building environment.

Work outdoors during outdoor student activities.

**TRAVEL REQUIREMENT:**

Travel between schools may be required.

**SUPERVISOR:**

Building Principal and/or designee

**WORK CALENDAR:** 5302, 5302-DT

**FSLA STATUS:** Non-Exempt

**JOB CATEGORY:** Classified

Revised January, 2019

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IPCA and Non-Bargaining Unit Goal Setting Document**

**Goal Setting:**

My professional goal(s) for the school year is/are in reference to number(s) \_\_\_\_\_on the evaluation instrument for my job classification. Growth in this/these area(s) will be evidenced by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further definition of goal area(s):**

**(To be completed by the supervisor/administrator as needed)**

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Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classified Employee Evaluation and Goal Employee’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Form Employee’s ID # ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indian Prairie School District #204 Conference Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: SPECIAL EDUCATION ASSISTANT-EARLY CHILDHOOD

This form is used by supervisors of classified staff members who are working in part-time or full-time positions with the Indian Prairie School District #204. The classified employee’s immediate supervisor may complete the form. If the employee’s immediate supervisor is not a District administrator, the administrator who supervises the program or areas in which the classified employee works must sign the form. Evaluations shall be completed per section 504C of the IPCA contract. The employee must be provided with a copy of the signed and completed evaluation.

**Key:**

(P) Proficient—indicates that the numbered statement is true

(E) Emerging—points to growth needed in the area; the rating includes a comment

 (U) Unsatisfactory—requires a comment which defines the area of concern and expectations for improvement

(NA) Not Applicable

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| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 1. Implement instructional plans as determined by licensed teachers and therapists. |  |  |  |  |  |
| 2. Apply lesson modifications as directed and supplement or change lesson modifications as needed to ensure that learning objectives are met. |  |  |  |  |  |
| 3. Provide physical care as needed: diaper, toilet, feed, reinforce adaptive PE/motor activities per instructions from teacher and/or therapist(s); assist, as needed, with independent living skills. |  |  |  |  |  |
| 4. Observe and document student behaviors; communicate activities to teacher and facilitators. |  |  |  |  |  |
| 5. Participate in weekly team meeting to review student progress and plan upcoming lessons and participate in trainings. |  |  |  |  |  |
| 6. Assist with non-instructional activities. |  |  |  |  |  |
| 7. Retrieve students from buses or cars at the start of classes and escort students to appropriate busses or cars at end of classes when required. |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 8. Record and update student’s progress toward achievement of individual educational plan. |  |  |  |  |  |
| 9. Handles special requests with competence and grace. |  |  |  |  |  |
| 10. Maintains a professional demeanor, appearance, and work ethic. |  |  |  |  |  |
| 11. Maintains confidentiality regarding student, staff, and parent information. |  |  |  |  |  |
| 12. Works well with students, teachers, colleagues, staff, administration and parents/community members |  |  |  |  |  |
| 13. Uses technology effectively to perform job-related tasks. |  |  |  |  |  |
| 14. Is on site and ready for work at the appropriate time each day. Honors lunch and break rules as well as rules relating to length of the work day. |  |  |  |  |  |
| 15. Performs other duties as assigned. |  |  |  |  |  |
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**Additional comments as needed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The employee’s signature on this form does not necessarily mean that he/she agrees with this evaluation. The employee may submit a written statement about this evaluation to the Assistant Superintendent for Human Resources within ten (10) days of receiving this evaluation.) The written response will be attached to the evaluation form prior to placing it in the employee’s personnel file.