**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** BILINGUAL ASSISTANT-PRESCHOOL, ELEMENTARY, MIDDLE, HIGH

**SUMMARY:**  Perform duties to work with assigned students or with groups of students to ensure students’ learning and behavioral objectives are achieved, which may include the following:

**ESSENTIAL JOB FUNCTIONS:**

1. Work under the supervision of the bilingual teacher or regular classroom teacher (push-in), with individual students or small groups of students to reinforce learning of material or skills initially introduced by the teacher.
2. Translate written documents at the request of bilingual teacher, building principal, ELL Coordinator, or front office personnel.
3. Serve as an interpreter for parent conferences and telephone calls as needed at the request of the bilingual teacher, building principal, ELL Coordinator, or front office personnel.
4. Assist in preparation of instructional materials.
5. Serve as the chief source of information and help to any substitute teacher in the absence of the bilingual teacher.
6. Provide clerical assistance to the bilingual teacher such as filing, record keeping, data entry, copying, etc.
7. Establish and maintain cooperative and effective working relationships with others.
8. Ability to read, write and speak English and the target language hired for.
9. Use personal computer and general office equipment. 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.
10. Perform other duties as assigned.

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)**

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

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: BILINGUAL ASSISTANT-PRESCHOOL, ELEMENTARY, MIDDLE, HIGH

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. Work under the supervision of the bilingual teacher or regular classroom teacher (push-in), with individual students or small groups of students to reinforce learning of material or skills initially introduced by the teacher. |  |  |  |  |  |
| 2. Translate written documents at the request of bilingual teacher, building principal, ELL Coordinator, or front office personnel. |  |  |  |  |  |
| 3. Serve as an interpreter for parent conferences and telephone calls as needed at the request of the bilingual teacher, building principal, ELL Coordinator, or front office personnel. |  |  |  |  |  |
| 4. Assist in preparation of instructional materials. |  |  |  |  |  |
| 5. Serve as the chief source of information and help to any substitute teacher in the absence of the bilingual teacher. |  |  |  |  |  |
| 6. Provide clerical assistance to the bilingual teacher such as filing, record keeping, data entry, copying, etc. |  |  |  |  |  |
| 7. Establish and maintain cooperative and effective working relationships with others. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 8. Ability to read, write and speak the target language hired for. |  |  |  |  |  |
| 9. Uses personal computer and general office equipment. 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. |  |  |  |  |  |
| 10. Handles special requests with competence and grace. |  |  |  |  |  |
| 11. Maintains a professional demeanor, appearance, and work ethic. |  |  |  |  |  |
| 12. Maintains confidentiality regarding student, staff, and parent information. |  |  |  |  |  |
| 13. Works well with students, teachers, colleagues, staff, administration and parents/community members |  |  |  |  |  |
| 14. Uses technology effectively to perform job-related tasks. |  |  |  |  |  |
| 15. 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. |  |  |  |  |  |
| 16. Performs other duties as assigned. |  |  |  |  |  |

**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.