**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** TITLE I INSTRUCTIONAL ASSISTANT

**SUMMARY:**  Perform duties to provide differentiated instructional assistance to students in Title I programs.

**ESSENTIAL JOB FUNCTIONS:**

1. Reinforce learning concepts and assist students in meeting or exceeding their academic goals and grade level standards.
2. Adapt and implement, under the supervision of licensed staff, lessons for the purpose of providing differentiated support to all students.
3. Work with individual students or small groups of students to assist in the growth of academic skills.
4. Assist in technology infused lessons.
5. Administer student assessments under the direction of licensed staff.
6. Keep accurate records for Title I.
7. Attend meetings and in-service training sessions as needed relative to job functions.
8. 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.

**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 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.
2. 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.

**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:** 5100

**FLSA 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: TITLE I INSTRUCTIONAL ASSISTANT

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 1. Reinforce learning concepts and assist students in meeting or exceeding their academic goals and grade level standards. |  |  |  |  |  |
| 2. Adapt and implement, under the supervision of licensed staff, lessons for the purpose of providing differentiated support to all students. |  |  |  |  |  |
| 3. Work with individual students or small groups of students to assist in the growth of academic skills. |  |  |  |  |  |
| 4. Assist in technology infused lessons. |  |  |  |  |  |
| 5. Administer student assessments under the direction of licensed staff. |  |  |  |  |  |
| 6. Keep accurate records for Title I. |  |  |  |  |  |
| 7. Attend meetings and in-service training sessions as needed relative to job functions. |  |  |  |  |  |
| 8. 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. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 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. |  |  |  |  |  |

**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.