**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** HEALTH OFFICE ASSISTANT - ELEMENTARY

**SUMMARY:**  Perform duties to track student attendance and provide general office clerical assistance.

**ESSENTIAL JOB FUNCTIONS:**

1. Greet visitors, students, and staff, answer incoming telephone calls, provide appropriate information or take message and refer to appropriate staff.
2. Record student daily attendance: check voicemail system and take parent’s calls regarding absent children. Record absentee reasons. Call parents of unverified, absent students to determine reason for absence.
3. Provide general first aid and assistance to students in health office: take temperature, apply bandages and ointments, and supply ice packs. Notify Nurse of student’s serious medical needs.
4. Ensure health records are set up and maintained with current student information.
5. Assist with setting up and scheduling vision and hearing tests.
6. Review new student health records to determine if physicals and immunizations are up-to-date. Notify Nurse of missing information.
7. Assist in setting up and updating general student records in the student database.
8. Provide general clerical assistance to main office: word processing, report generation, copying, filing, distribute mail, faxing, or data entry.
9. Monitor health office supplies and restock as needed.
10. Complete required county communicable disease reports.
11. Use personal computer and other common 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.
12. Develops and implements effective work habits by prioritizing work assignments and by organizing workload. Completes work accurately and in a timely manner.
13. 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: HEALTH OFFICE ASSISTANT-ELEMENTARY

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. Greet visitors, students, and staff, answer incoming telephone calls, provide appropriate information or take message and refer to appropriate staff. |  |  |  |  |  |
| 2. Record student daily attendance: check voicemail system and take parent’s calls regarding absent children. Record absentee reasons. Call parents of unverified, absent students to determine reason for absence. |  |  |  |  |  |
| 3. Provide general first aid and assistance to students in health office: take temperature, apply bandages and ointments, and supply ice packs. Notify Nurse of student’s serious medical needs. |  |  |  |  |  |
| 4. Ensure health records are set up and maintained with current student information. |  |  |  |  |  |
| 5. Assist with setting up and scheduling vision and hearing tests. |  |  |  |  |  |
| 6. Review new student health records to determine if physicals and immunizations are up-to-date. Notify Nurse of missing information. |  |  |  |  |  |
| 7. Assist in setting up and updating general student records in the student database. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 8. Provide general clerical assistance to main office: word processing, report generation, copying, filing, distribute mail, faxing, or data entry. |  |  |  |  |  |
| 9. Monitor health office supplies and restock as needed. |  |  |  |  |  |
| 10. Complete required county communicable disease reports. |  |  |  |  |  |
| 11. Use personal computer and other common 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. |  |  |  |  |  |
| 12. Develops and implements effective work habits by prioritizing work assignments and by organizing workload. Completes work accurately and in a timely manner. |  |  |  |  |  |
| 13. Handles special requests with competence and grace. |  |  |  |  |  |
| 14. Maintains a professional demeanor, appearance, and work ethic. |  |  |  |  |  |
| 15. Maintains confidentiality regarding student, staff, and parent information. |  |  |  |  |  |
| 16. Works well with students, teachers, colleagues, staff, administration and parents/community members |  |  |  |  |  |
| 17. Uses technology effectively to perform job-related tasks. |  |  |  |  |  |
| 18. 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. |  |  |  |  |  |
| 19. 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.