**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** SPECIAL EDUCATION SECRETARY - HIGH

**SUMMARY:**  Perform duties to provide secretarial support to special education department chair and staff.

**ESSENTIAL JOB FUNCTIONS:**

1. Greet visitors, students, or staff, answer multi-line switchboard, provide appropriate information or take message and transfer to appropriate staff.
2. Provide general secretarial assistance to staff: word processing, report generation, maintain schedule, copying, filing, distribute mail, faxing, or data entry.
3. Coordinate special education meetings: determine date and time for all participants to attend, prepare necessary correspondence, prepare meeting agenda and supporting documentation, and prepare and file notes or minutes.
4. Ensure compliance with all Federal and State special education regulations or laws regarding reporting dates.
5. Set up and maintain records for all special education students.
6. Monitor attendance for departmental staff and notify main office of absences. Coordinate substitute needs with main office.
7. Monitor department budget, verify account activity and assist with annual budget preparation. Process and reconcile purchase orders, check requests and procurement card payments as directed.
8. Prepare purchase orders for department, class room or activities supplies, place order, verify receipt and prepare invoice for payment.
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: SPECIAL EDUCATION SECRETARY – 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 1. Greet visitors, students, or staff, answer incoming telephone calls, provide appropriate information or assistance, or refer to appropriate staff. |  |  |  |  |  |
| 2. Provide general secretarial assistance to staff: word processing, report generation, maintain schedule, copying, filing, distribute mail, faxing, or data entry. |  |  |  |  |  |
| 3. Coordinate special education meetings: determine date and time for all participants to attend, prepare necessary correspondence, prepare meeting agenda and supporting documentation, and prepare and file notes or minutes. |  |  |  |  |  |
| 4. Ensure compliance with all Federal and State special education regulations or laws regarding reporting dates. |  |  |  |  |  |
| 5. Set up and maintain records for all special education students. |  |  |  |  |  |
| 6. Monitor attendance for departmental staff and notify main office of absences. Coordinate substitute needs with main office. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 7. Monitor department budget, verify account activity and assist with annual budget preparation. Process and reconcile purchase orders, check requests and procurement card payments as directed. |  |  |  |  |  |
| 8. Prepare purchase orders for department, class room or activities supplies, place order, verify receipt and prepare invoice for payment. |  |  |  |  |  |
| 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. 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.