EMPLOYEE NAME: _______________________

Revised: 3/86; 7/86; 8/88; 6/92; 8/92; 1/94; 2/97; 7/02; 5/04; 1/05; 4/05; 6/07; 10/12; 7/13; 8/15; 7/17; 6/18

JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>ASP Instructor, Certified, Special Education</th>
<th>JOB CODE:</th>
<th>A805</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td>Accountability and Research</td>
<td>SALARY SCHEDULE:</td>
<td>ASP Salary Schedule</td>
</tr>
<tr>
<td>DEPARTMENT:</td>
<td>Alternative Education Programs</td>
<td>WORK DAYS:</td>
<td>As needed</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>ASP Director</td>
<td>PAY GRADE:</td>
<td>ASP3</td>
</tr>
<tr>
<td>FLSA:</td>
<td>Exempt</td>
<td>PAY FREQUENCY:</td>
<td>Varies based on primary job</td>
</tr>
<tr>
<td>PRIMARY FUNCTION:</td>
<td>Provides instruction and supervision of planned activities for the special education ASP students.</td>
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</tbody>
</table>

REQUIREMENTS:

1. Educational Level: Bachelor Degree required
2. Certification/License Required: Valid Georgia Teaching Certificate; Must be certified in CPR and First Aid
3. Experience: None
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Oral and written communication, instructional strategies that connect the curriculum to the learners, student management, and knowledge of site safety procedures

The Board of Education and the Superintendent may accept alternatives to some of the above requirements.

ESSENTIAL DUTIES:

1. Demonstrates prompt and regular attendance.
2. Implements and supervises instructional activities for the students.
3. Maintains daily attendance reports for assigned students.
5. Maintains accurate records when working the sign out desk.
6. Follows daily time schedule as assigned by the ASP Director.
7. Knows and follows site safety procedures.
8. Attends and participates in ASP staff meetings and required training sessions.
9. Performs additional duties as assigned by appropriate administrator.

Signature of Employee ___________________________________________ Date __________________________

Signature of Supervisor _________________________________________ Date __________________________