## JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>Assistive Technology Specialist</th>
<th>JOB CODE:</th>
<th>441B</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td>Academic-Support and Specialized Services</td>
<td>SALARY SCHEDULE:</td>
<td>Teacher</td>
</tr>
<tr>
<td>DEPARTMENT:</td>
<td>Special Education</td>
<td>WORK DAYS:</td>
<td>188</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>Supervisor, Special Education</td>
<td>PAY GRADE:</td>
<td>CIT (4, 5, 6, or 7)</td>
</tr>
<tr>
<td>FLSA:</td>
<td>Exempt</td>
<td>PAY FREQUENCY:</td>
<td>Monthly</td>
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</tbody>
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**PRIMARY FUNCTION:** To determine assistive technology needs for individual students and disseminate information to special education staff and parents.

## REQUIREMENTS:

1. Educational Level: Bachelor Degree
2. Certification/License Required: Valid Georgia Teaching Certificate or State License
3. Experience: None
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication, planning, organization and technology

*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. Schedules and completes consultations and/or evaluations for students with assistive technology needs
3. Obtains, programs, delivers, troubleshoots, or arranges repair of equipment used by students
4. Maintains current base of knowledge and information regarding assistive technology and disseminates information to school staff and parents.
5. Conducts follow-up visits as requested by staff or parents to update students’ assistive technology needs.
6. Coordinates services with District, community and state service providers and private agencies.
7. Develops and provides training and support on assistive technology solutions for students, school staff and parents.
8. Maintains a database for AT referrals, inventory and equipment.
9. Performs other duties as assigned by appropriate administrator.

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Signature of Employee ___________________________ Date ________________

Signature of Supervisor ___________________________ Date ________________