JOB DESCRIPTION

POSITION TITLE: Occupational Therapist

DIVISION: Academic, Support and Specialized Services

DEPARTMENT: Special Education

REPORTS TO: Supervisor, Special Education

FLSA: Exempt

SALARY SCHEDULE: Occupational & Physical Therapist

PAY GRADE: NP0 (1, 2, 3, or 4)

PAY FREQUENCY: Monthly

PRIMARY FUNCTION: Facilitates the development and performance of everyday self-care, pre-academic and pre-vocational activities for eligible disabled students.

REQUIREMENTS:

1. Educational Level: Bachelor Degree
2. Certification/License Required: Occupational Therapist license
3. Experience: None
4. Physical Activities: Ability to lift a student up to a weight of 40 pounds without assistance; ability to perform a two-person lift for students over 40 pounds
5. Knowledge, Skills, & Abilities: Written and oral communication, planning and organization

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. Performs appropriate assessment procedures.
3. Interprets assessment results to teachers, parents and other personnel.
4. Develops an individual education plan for occupational therapy goals and treatment for eligible students.
5. Administers occupational therapy in accordance with the treatment plan as stated in the individual education plan.
6. Performs on-going evaluation of treatment programs and adapt programs as necessary to maximize results.
7. Selects and manages adaptive equipment and/or assistive devices for use with upper trunk, arms and hands and aids in elimination of architectural barriers.
8. Maintains records and reports.
9. Lifts, positions, transfers and performs other special duties using lumbar belts as required to meet the needs of moderately intellectually disabled, severely and profoundly intellectually disabled and orthopedically impaired students.
10. Performs other duties as assigned by appropriate administrator.

Signature of Employee ___________________________ Date __________________

Signature of Supervisor ___________________________ Date __________________