EMPLOYEE NAME: ________________________  Revised: 12/97; 10/08; 2/11, 10/12; 6/18

JOB DESCRIPTION

**POSITION TITLE:** Speech Language Diagnostician  
**JOB CODE:** 479C
**DIVISION:** Academic-Support and Specialized Services  
**SALARY SCHEDULE:** Teacher
**DEPARTMENT:** Special Education  
**WORK DAYS:** 188
**REPORTS TO:** Supervisor, Speech-Language Program  
**PAY GRADE:** CIT (5, 6, or 7)
**FLSA:** Exempt  
**PAY FREQUENCY:** Monthly
**PRIMARY FUNCTION:** Provides quality diagnostic services for students.

**REQUIREMENTS:**

1. Education Level: Master Degree required
2. Certification/License Required: Valid Georgia Teaching Certificate (SLP S5)
3. Experience: 3 years of experience as school based SLP
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication, planning, 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. Plans appropriate assessment procedures.
3. Refers to other agencies or personnel when appropriate.
4. Administers and interprets speech and language tests.
5. Provides explanation of assessment, synthesizing formal and informal data.
6. Teams with other professionals to complete the comprehensive evaluation report and determine educational impact of communication weaknesses.
7. Provides post-assessment information to parents, SLPs, teachers, and special education supervisors.
8. Participates in IEP/eligibility meetings when needed.
9. Makes recommendations to school SLP regarding student therapy plans and service delivery.
10. Conducts inservices for SLPs on topics such as assessment, eligibility, and data collection procedures.
11. Participates in professional development activities to enhance knowledge and skills in assessment.
12. Fosters teamwork and professional development.
13. Performs other duties as assigned by appropriate administrator.

Signature of Employee ____________________________ Date ____________________

Signature of Supervisor ____________________________ Date ____________________