JOB DESCRIPTION

POSITION TITLE: Hospital/Homebound Coordinator  
JOB CODE: 145B
DIVISION: Academic, Support and Specialized Services  
SALARY SCHEDULE: Coordinator
DEPARTMENT: Student Assistance Programs  
WORK DAYS: 198
REPORTS TO: Supervisor, School Counseling  
PAY GRADE: CZ00 (Based on CC1 4, 5, 6, or 7)
FLSA: Exempt  
PAY FREQUENCY: Monthly

PRIMARY FUNCTION: Coordinate the provision of academic instruction to students who are confined to home for periods of time that would prevent normal school attendance.

REQUIREMENTS:

1. Educational Level: Master Degree required
2. Certification/License Required: Valid Georgia Teaching Certificate required
3. Experience: 3 years successful teaching experience
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; knowledge of instructional strategies; technology proficiency

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. Provides supervision for the hospital/homebound staff.
3. Provides academic instruction to hospital/homebound students.
4. Coordinates the application process for hospital/homebound services.
5. Communicates with physicians and parents.
6. Works with local school personnel in coordinating instruction and reporting student progress.
7. Follows state and local guidelines for hospital/homebound program.
8. Assists with development of a procedures manual for hospital/homebound instruction, as needed.
9. Coordinates assignment and services of contracted teachers and hospital/homebound instructors.
10. Oversees and maintains data for tracking services for hospital/homebound students.
11. Pursues more integrated use of technology for serving hospital/homebound students.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee __________________________________ Date _______________________

Signature of Supervisor __________________________________ Date _______________________
