EMPLOYEE NAME: ________________________________________

Revised: 2/88; 1/89; 2/91; 8/93; 2/94; 11/94; 5/95; 5/07; 4/11; 10/12; 6/18

JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE: Hospital/Homebound Instructor</th>
<th>JOB CODE: 145A</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION: Academic, Support and Specialized Services</td>
<td>SALARY SCHEDULE: Teacher</td>
</tr>
<tr>
<td>DEPARTMENT: Student Assistance Programs</td>
<td>WORK DAYS: 188</td>
</tr>
<tr>
<td>REPORTS TO: Supervisor, School Counseling</td>
<td>PAY GRADE: CIT (4, 5, 6, or 7)</td>
</tr>
<tr>
<td>FLSA: Exempt</td>
<td>PAY FREQUENCY: Monthly</td>
</tr>
</tbody>
</table>

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

REQUIREMENTS:

1. Educational Level: Bachelor 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

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 appropriate academic instruction to hospital/homebound students.
3. Coordinates the application process for hospital/homebound services.
4. Communicates appropriately with physicians and parents.
5. Works with local school teachers, school counselors, and administrators in coordinating instruction and reporting student progress.
6. Follows state and local guidelines for hospital/homebound program.
8. Coordinates assignments and services of contracted teacher.
9. Performs other duties as assigned by appropriate administrator.

Signature of Employee ________________________________________ Date ________________

Signature of Supervisor ________________________________________ Date ________________