EMPLOYEE NAME: ____________________________

Approved: 3/93 Revised: 11/94; 1/95; 3/01; 8/05; 9/12; 10/12; 6/18

## JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE: Secretary IV/Center Based/ Psychological Services</th>
<th>JOB CODE: 0365</th>
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<tbody>
<tr>
<td>DIVISION: Academic, Support and Specialized Services</td>
<td>SALARY SCHEDULE: Clerical/Technician</td>
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<tr>
<td>DEPARTMENT: Student Assistance Programs</td>
<td>WORK DAYS: 238</td>
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<tr>
<td>REPORTS TO: Supervisor, Psychological Services; Psychologists</td>
<td>PAY GRADE: C04</td>
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<tr>
<td>FLSA: Non-Exempt</td>
<td>PAY FREQUENCY: Monthly</td>
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</tbody>
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**PRIMARY FUNCTION:** Handles the sensitive requirements of Psychological Services; strong emphasis on service, courtesy, tact, and favorable impressions of the School District.

**REQUIREMENTS:**

1. Educational Level: High School Diploma or GED
2. Certification/License Required: None
3. Experience: Zero to two years of routine clerical experience
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; word processing, public relations, and organizational skills

*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. Answers telephone, takes messages, provides information to callers, and routes calls to appropriate staff member.
3. Types, formats, proofs and routes psychoeducational reports, internally and to parents
4. Accesses and enters appropriate information into the Psychological Services Portal and completes other forms as needed.
5. Maintains an appropriate inventory of supplies and equipment.
6. Demonstrates proficiency with appropriate office computer technology.
7. Coordinates schedule for summer testing.
8. Performs other duties as assigned by appropriate administrator.

Signature of Employee__________________________________________________ Date ________________

Signature of Supervisor__________________________________________________ Date ________________