JOB DESCRIPTION

POSITION TITLE: Elementary Media Specialist
JOB CODE: 440

DIVISION: Leadership
DEPARTMENT: Leadership

SALARY SCHEDULE: Teacher
WORK DAYS: 188

REPORTS TO: Principal
PAY GRADE: CIT (5, 6, or 7)

FLSA: Exempt
PAY FREQUENCY: Monthly

PRIMARY FUNCTION: Provides leadership for the school media center program.

REQUIREMENTS:

1. Educational Level: Master Degree required
2. Certification/License Required: Valid Georgia Library Media Specialist Certification
3. Experience: None
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; instructional strategies; basic technology; leadership

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 leadership and plans collaboratively for the use of information resources and needs.
3. Administers and maintains a center and program that foster a positive learning environment.
4. Ensures effective organization and accessibility of the center and resources.
5. Selects and orders resources consistent with system policies and school curriculum needs.
6. Provides leadership and supervision for staff, including clerical, professional and technical; may include student aides or parent volunteers.
7. Plans collaboratively with teachers to integrate literature, resources and information literacy skills into the curriculum.
8. Develops and provides instructional opportunities with information technologies for staff and students.
9. Collaborates with teachers and students in materials production.
10. Provides information about and complies with copyright laws.
11. Evaluates and revises policies, procedures and services of the program on a continuous basis to determine strength and weaknesses.
12. Seeks opportunities for professional growth.
13. Performs other duties as assigned by appropriate administrator.

Signature of Employee __________________________________________ Date ____________________

Signature of Supervisor _________________________________________ Date ____________________