JOB DESCRIPTION

POSITION TITLE: Instructor, Adult Education
DIVISION: Accountability & Research
DEPARTMENT: Alternative Education
REPORTS TO: Director, Adult Education
FLSA: Exempt
PRIMARY FUNCTION: Serves as an instructor for adult learners who are seeking to obtain their GED or further advance their English speaking skills.

JOB CODE: 155Z
SALARY SCHEDULE: Professional/Supervisory Support
WORK DAYS: 198
PAY GRADE: NZ00 (Based on NK09 – Rank I)
PAY FREQUENCY: Monthly

REQUIREMENTS:

1. Educational Level: Bachelor Degree required
2. Certification/License Required: None
3. Experience: None; 2 years of teaching preferred
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; computer skills, i.e. Word, Excel, knowledge of software packages a plus; bilingual ability preferred but not required for ESL

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. Delivers instruction using a variety of teaching strategies, resources approved by TCSG, and technology.
3. Prepares and implements lesson plans in accordance with TCSG curriculum.
4. Implements and monitors the Student Education Plan (SEP).
5. Develops lesson plans for ABE/GED and/or ESL instruction based on SEP.
6. Assesses and advises students of progress via SEP.
7. Coordinates and conducts student post-assessments.
8. Implements and enforces classroom rules and procedures.
9. Prepares and maintains required attendance reports.
10. Conferences with students on academic progress, goal setting, and referrals.
11. Maintains a safe and secure environment for staff and students.
12. Works with counselor on vouchers and scholarships for GED Ready students.
13. Attends required faculty/staff meetings and professional development trainings.
14. Performs other duties as assigned by appropriate administrator.

Signature of Employee __________________________ Date __________________________

Signature of Supervisor ________________________ Date _________________________