**Employee Name:** ______________________
Revised: 6/07; 3/12; 8/13; 10/15; 6/18

**JOB DESCRIPTION**

<table>
<thead>
<tr>
<th>POSITION TITLE: Tutor, Neglected and Delinquent</th>
<th>JOB CODE: TUT4</th>
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</thead>
<tbody>
<tr>
<td>DIVISION: Academic</td>
<td>SALARY SCHEDULE: N/A</td>
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<tr>
<td>DEPARTMENT: Community Engagement &amp; Title I</td>
<td>WORK DAYS: After school 3:30 – 6:00 pm</td>
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<tr>
<td>REPORTS TO: Title I Supervisor</td>
<td>PAY GRADE: N/A</td>
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<td>FLSA: Exempt</td>
<td>PAY FREQUENCY: Varies based on primary job</td>
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<tr>
<td>PRIMARY FUNCTION: Provides instruction for students to enable them to learn and achieve the maximum of their abilities.</td>
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</tbody>
</table>

**REQUIREMENTS:**

1. Educational Level: Bachelor Degree
2. Certification/License Required: Valid Georgia Teaching Certificate
3. Experience: None, experience preferred but not required
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; motivated, well-organized and a role model

_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 academic assistance in the student’s area or areas of greatest need on a regular basis.
3. Collaborates with the student’s teacher via e-mail etc. concerning student academic needs- strengths and weaknesses and how best to meet the student’s needs.
4. Engages students in appropriate academic activities.
5. Helps students develop strong study skills.
6. Establishes and maintain rapport with students.
7. Maintains records of student’s progress.
8. Provides evaluations and other reports as requested by Title I Department in a timely manner.
9. Reports tutoring hours to an assigned Tutor contact.
11. Performs other duties as assigned by appropriate administrator.

Signature of Employee __________________________________________ Date ____________

Signature of Supervisor _________________________________________ Date ____________