# JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>Transition Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td>Academic-Support and Specialized Services</td>
</tr>
<tr>
<td>DEPARTMENT:</td>
<td>Special Education</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>Special Education Assistant Director</td>
</tr>
<tr>
<td>FLSA:</td>
<td>Exempt</td>
</tr>
</tbody>
</table>

**JOB CODE:** 475L  
**SALARY SCHEDULE:** Consultant  
**WORKDAYS:** Annual Administrative Employees  
**PAY GRADE:** CC3 (5, 6 or 7)  
**PAY FREQUENCY:** Monthly

**PRIMARY FUNCTION:** Coordinates transition planning and transition-related programs for students with disabilities.

## REQUIREMENTS:

1. **Education Level:** Master’s degree in Special Education required
2. **Certification/License Required:** Valid Georgia teaching certificate required; Leadership Certificate preferred
3. **Experience:** 5 years of experience in transition planning and post-secondary planning for students with disabilities
4. **Physical Activities:** Routine physical activities that are required to fulfill job responsibilities
5. **Knowledge, Skills, & Abilities:** Written and oral communication; planning and implementing training for educators and administrators; MS Word, Excel, and PowerPoint; technology 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. Develops, organizes, and executes training for teachers, case managers, administrators, and related personnel to address transition topics and post-secondary planning for students with disabilities.
3. Participates in professional development training and state-wide transition consortia meetings to enhance skills and knowledge in reference to transition services.
4. Oversees the development and maintenance of an inter-agency council for the purpose of transition planning for Cobb County School District students with disabilities.
5. Interprets and communicates GADOE and IDEA Transition Guidelines for Cobb County School District special education programs.
6. Facilitates distribution of information to administrators, teachers, parents, and parent mentors on transition-related topics.
7. Serves as a resource to IEP case managers, school personnel, and parents in the area of transition planning and post-secondary planning and supports.
8. Supervises Community and Campus Based Skills Training (CBST) and other transition related programs for students with disabilities.
9. Supervises and evaluates selected staff members, including Project Life Staff.
10. Serves as liaison between CCSD and Post-Secondary Community Agencies (i.e., Vocational Rehabilitation, Goodwill, Tommy Nobis, Cobb Works, etc.).
11. Maintains and updates information shared on the Transition Services webpage and CTLS Transition Community.
12. Maintains prompt and professional communication with school administrators, teachers, parents, and other district personnel.
13. Serves as a resource to SSAs and school staff in the coordination and implementation of services for students with disabilities in Transition Programs (18-22 year olds) and Project Life.
14. Coordinates the budget process by assessing materials, supplies, and equipment needs for Transition Program Classes and Project Life.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Collaborates with Special Education Leadership to monitor class size, support needs, and staffing of students in Transition Programs and Project Life.</td>
</tr>
<tr>
<td>16.</td>
<td>Coordinates the development and implementation of specialized curriculum and appropriate instructional strategies for Transition Program and Project Life classes based on current literature, research, and best practices.</td>
</tr>
<tr>
<td>17.</td>
<td>Performs other duties as assigned by appropriate administrator.</td>
</tr>
</tbody>
</table>

Signature of Employee ____________________________ Date ____________________________

Signature of Supervisor ____________________________ Date ____________________________