



OCCUPATIONAL THERAPIST CLASSIFICATION DESCRIPTION

Job Classification Title:	Occupational Therapist	
Working Title(s):	N/A	
FLSA Status:	Exempt	Pay Grade: C44
<i>This job classification description is intended to be generic in nature and not an exhaustive list of all duties and responsibilities. The specific tasks/duties may vary based on position assignment and as determined by the District.</i>		

JOB CLASSIFICATION SUMMARY

Responsible for developing, planning and treating children with sensory and motor deficits to assist with learning and provides consultation to teachers and staff on strategies to improve students' sensory and motor abilities.

DISTINGUISHING CHARACTERISTICS

This is a lead, professional level classification responsible for leading the work of occupational therapy assistants and assisting with staff training; serving as a consultant to support interventions, accommodations and modifications in regular education; completing screenings and evaluations; preparing assessment reports; interpreting finding to parents, IEP teams and instructional staff; developing and recommending treatment plans for students.

ESSENTIAL DUTIES

The following are intended to describe core work functions of this classification. While the level and broad nature of essential duties may not change, specific work tasks will vary over time depending on the District's needs.

** In-person attendance is an essential function of this classification.*

- Participates as a consultant in the intervention and pre-referral process to generate and support interventions, accommodations, and modifications in regular education;
- Completes screening and evaluates as appropriate children referred for occupational therapy;
- Prepares assessment reports for all students evaluated;
- Interprets evaluation findings to parents, IEP teams and instructional staff;
- Recommends and develops appropriate treatment plans for students recommended and included in the occupational therapy program;
- Attends evaluation and IEP meetings of students evaluated and on caseload;
- Participates in the development of individual education plans for students with disabilities who require occupational therapy as a support service;
- Designs and implements activities to support a student in meeting the goals of his or her IEP;
- Reevaluates the treatment plans on a regular basis;
- Serves as a consultant to teachers in developing classroom programs, selecting appropriate equipment and materials to enhance students' sensory-motor functioning;
- Documents evaluation results, present levels of performance, IEP goals, treatment, and quarterly progress reports in a timely manner;



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- Recommends referrals to outside agencies as needed; and,
- Performs related work as assigned.

KNOWLEDGE

- Occupational therapy principles, practices and techniques.
- Perform algebra and/or geometry.
- Read technical information.
- Compose a variety of documents.
- Record keeping.
- Stages of child development.

SKILLS

- Scheduling activities, meeting, and/or events.
- Working independently with others.
- Performing occupational therapy services.
- Utilizing a variety of job-related equipment.
- Solving problems with data and equipment.
- Adapting to changing work priorities.
- Utilizing communication and interpersonal skills as applied to interaction with coworkers, supervisors, the general public and others to sufficiently exchange or convey information and to receive work direction.

MINIMUM QUALIFICATIONS (for new hires at job entry)

Education and Experience:

Bachelor's degree or equivalent course of study leading to an Arizona Standard Degree in Occupational Therapy and five years of experience; or an equivalent combination of directly-related education and experience.

Required Certifications/Licenses:

- Valid Arizona Occupational Therapist License.
- Occupational Therapy Certification by the American Occupational Therapy Association
- Valid Arizona Class D Driver's License.
- Arizona Fingerprint Clearance Card (FPCC).

CLASS HISTORY INFORMATION

Created: 11/2021

Amendments:



OCCUPATIONAL THERAPIST PHYSICAL & ENVIRONMENTAL FACTORS

OVERALL PHYSICAL STRENGTH DEMANDS:

Physical Strength for this classification is indicated below with an "X"	
<input checked="" type="checkbox"/>	Sedentary: Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.
<input type="checkbox"/>	Light: Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.
<input type="checkbox"/>	Medium: Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.
<input type="checkbox"/>	Heavy: Exerting 50-100 lbs. occasionally, 10-25 lbs. frequently, or up to 10-20 lbs. constantly.
<input type="checkbox"/>	Very Heavy: Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

PHYSICAL DEMANDS:

C Continuously 2/3 or more time	F Frequently 1/3 to 2/3 of time	O Occasionally Up to 1/3 time	R Rarely < 1 hour per week	N Never Never occurs
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Note: This is intended as a description of the way the job is currently performed. It does not address the potential for accommodation.

Physical Demand	Brief Description	C	F	O	R	N
Standing	Communicating with co-workers, observing work site, observing work duties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	Desk work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	To other departments/offices/office equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	Supplies, files	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	Supplies, files	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	File draws, tables and chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	For supplies, for files	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	Paperwork	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Dexterity	Computer keyboard, telephone pad, calculator, calibrating equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	Filing in lower drawers, retrieving items from lower shelves/ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	Filing in lower drawers, retrieving items from lower shelves/ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	Under equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bending	Filing in lower drawers, retrieving items from lower shelves/ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Twisting	From computer to telephone, getting inside vehicles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	Stairs, step stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Balancing	On step stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision	Reading, computer screen, driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	Communicating with co-workers and public and on telephone, listening to equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	Communicating with co-workers and public and on telephone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Controls	Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OCCUPATIONAL THERAPIST PHYSICAL & ENVIRONMENTAL FACTORS

MACHINES, TOOLS, EQUIPMENT, SOFTWARE AND HARDWARE:

Basic office tools and equipment.

ENVIRONMENTAL FACTORS:

D Daily	W Several Times Per Week	M Several Times Per Month	S Seasonally	N Never
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Health & Safety Factors	D	W	M	S	N	Health & Safety Factors	D	W	M	S	N
Mechanical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Respiratory Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extreme Temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noise and Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wetness/Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communicable Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Physical Danger or Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Other (Specify Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

PROTECTIVE EQUIPMENT REQUIRED:

None.

NON-PHYSICAL DEMANDS:

C Continuously 2/3 or more time	F Frequently 1/3 to 2/3 of time	O Occasionally Up to 1/3 time	R Rarely < 1 hour per week	N Never Never occurs
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Description of Non-Physical Demands	C	F	O	R	N
Time Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Change of Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular Work Schedule/Overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performing Multiple Tasks Simultaneously	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Closely with Others as Part of a Team	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tedious or Exacting Work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy/Distracting Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OCCUPATIONAL THERAPIST PHYSICAL & ENVIRONMENTAL FACTORS

PRIMARY WORK LOCATION

<input checked="" type="checkbox"/>	Office Environment
<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Shop
<input type="checkbox"/>	Recreation/Neighborhood Center
<input type="checkbox"/>	Vehicle
<input type="checkbox"/>	Outdoors
<input type="checkbox"/>	Other (Specify Below)



OCCUPATIONAL THERAPIST ACKNOWLEDGEMENT

SIGNATURE – REVIEW AND COMMENTS:

I have reviewed this description and find it to be an accurate representation of the demands of the classification.

Signature of Employee

Date

Job Title of Supervisor

Signature of Supervisor

Date

Job Title of Department Head

Signature of Department Head

Date

Comments: _____

The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this classification. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required. This description is subject to modification as the needs and requirements of the classification change.