



## SPEECH THERAPIST CLASSIFICATION DESCRIPTION

Job Classification Title:	<b>Speech Therapist</b>	
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 providing direct or indirect services to effect positive changes in student communication behavior with regards to voice, language, articulation or fluency disorders.

### **DISTINGUISHING CHARACTERISTICS**

This is a lead, professional level classification responsible for screening and assessing children and identifying those in need of specialized speech therapy services and maintaining records and forms.

### **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.*

- Diagnoses and identifies students with articulation, voice, fluency (stuttering) and/or language delays and disorders using standardized, norm referenced test instruments including determining type and severity of disorder;
- Develops speech and language treatment plans including determining goals, objectives, methods, materials, frequency, duration, and modifications to regular classroom activities
- Provides direct therapy to and instruction to students including analyzing, reviewing, and revising student progress; communicating with teachers and parents; and preparing classroom for instruction;
- Designs, implements, and develops activities and original instructional aides which are relevant, enhance the effectiveness of teaching, and address treatment plans including determining appropriate number of activities, and making group and individual behavior plans. Consults and provides ideas to teachers and parents regarding speech and language development and disorders including determining the needs of the child;
- Assigns and monitors the work of the Speech Therapy Assistant and other assigned staff;
- Prepares paperwork and reports including completing documents within state and federal guidelines and including relevant information;
- Develops a variety of teaching and instructional strategies including maintaining current knowledge of standards and practice in the field by consulting with books, colleagues, and conferences;
- Submits Medicaid billings; and,
- Performs related work as assigned.



## **SPEECH THERAPIST CLASSIFICATION DESCRIPTION**

### **KNOWLEDGE**

- Pertinent federal, state, and local laws, codes, regulations, and statutes.
- District policies, procedures, organization structure and school requirements.
- Speech/Language pathology principles and practices.
- Speech pathology subject matter including speech/language disorders and treatments, diagnostic tests and batteries, cognitive development, and strategies for articulation and language development.
- Relevant medical, social, and legal community resources.
- Assessment instruments and methodologies.
- Current relevant research related to speech pathology and children.
- Safety procedures

### **SKILLS**

- Working under pressure to meet timelines and handling multiple and changing priorities.
- Use of a variety of office and school equipment.
- Analyzing information from journal articles, books, research findings, etc.
- Determining language and speech problems.
- Use of relevant assessment tools and problem solving techniques specific to speech and language assessment.
- Mentoring and providing leadership related to speech/language issues.
- Administering, interpreting and applying test results.
- Communicating effectively, both orally and in writing.
- Customer service and public relations including coordination of District and community-based services.
- Counseling, conflict resolution and problem solving.
- Interpreting and applying laws, regulations, codes, ethical considerations and policies.
- Use a variety of computer-based technologies.
- Establishing and maintaining harmonious working relationships with those contacted in the course of work; demonstrating tact, diplomacy and patience.
- 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:

Master's degree in Speech Pathology and three years of experience; or an equivalent combination of directly-related education and experience.

#### Required Certifications/Licenses:

- Arizona Standard Speech/Language Certificate.
- Certification of clinical competence or educational equivalent.
- Arizona Fingerprint Clearance Card (FPCC).



## SPEECH THERAPIST CLASSIFICATION DESCRIPTION

### CLASS HISTORY INFORMATION

Created: 11/2021

Amendments:



## SPEECH THERAPIST PHYSICAL & ENVIRONMENTAL FACTORS

### **OVERALL PHYSICAL STRENGTH DEMANDS:**

<b>Physical Strength for this classification is indicated below with an "X"</b>	
<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"/>



## SPEECH THERAPIST PHYSICAL & ENVIRONMENTAL FACTORS

### **MACHINES, TOOLS, EQUIPMENT, SOFTWARE AND HARDWARE:**

Basic office tools and equipment.

### **ENVIRONMENTAL FACTORS:**

<b>D</b> Daily	<b>W</b> Several Times Per Week	<b>M</b> Several Times Per Month	<b>S</b> Seasonally	<b>N</b> Never
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<b>Health &amp; Safety Factors</b>	<b>D</b>	<b>W</b>	<b>M</b>	<b>S</b>	<b>N</b>	<b>Health &amp; Safety Factors</b>	<b>D</b>	<b>W</b>	<b>M</b>	<b>S</b>	<b>N</b>
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:**

<b>C</b> Continuously 2/3 or more time	<b>F</b> Frequently 1/3 to 2/3 of time	<b>O</b> Occasionally Up to 1/3 time	<b>R</b> Rarely < 1 hour per week	<b>N</b> Never Never occurs
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<b>Description of Non-Physical Demands</b>	<b>C</b>	<b>F</b>	<b>O</b>	<b>R</b>	<b>N</b>
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"/>



## SPEECH THERAPIST PHYSICAL & ENVIRONMENTAL FACTORS

### **PRIMARY WORK LOCATION**

<input 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 checked="" type="checkbox"/>	Other (Specify Below)
	Classroom/School Environment



## SPEECH 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: \_\_\_\_\_

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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.