



SPEECH THERAPIST, ASSISTANT CLASSIFICATION DESCRIPTION

Job Classification Title:	Speech Therapist, Assistant	
Working Title(s):	Speech Language Pathologist Assistant, Speech Language Assistant (multiple titles for same job), Speech Technician	
FLSA Status:	Non-Exempt	Pay Grade: C41
<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 professional level speech therapy under the direction of a Licensed Speech Therapist.

DISTINGUISHING CHARACTERISTICS

This is a professional level classification responsible for conducting speech/language screenings; providing direct therapy in accordance with IEPs; assisting the Speech Therapist in establishing therapy goals; documenting student progress; assisting with collecting and tallying data for assessments.

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.*

- Conducts speech/language screenings without interpretation, using screening protocols specified by the supervising speech language Therapist;
- Provides direct therapy for students identified by the supervising Speech/Language Therapist utilizing written therapy plans and IEPs developed by the supervising Speech/Language Therapist;
- Assists the supervising Speech/Language Therapist in establishing appropriate therapy goals;
- Documents student progress toward goals and objectives without interpretation of the findings and reports this information to the supervising Speech/Language Therapist;
- Assists the Speech/Language Therapist in the collecting and tallying of data for assessment purposes, without interpretation of the data;
- Acts as a second language interpreter during assessments, when appropriate;
- Assists with clerical duties and departmental operations such as preparing materials and scheduling activities as directed by the supervising Speech/Language Therapist;
- Schedules activities and prepares charts, records, graphs, or other displays of data;
- Performs checks and maintenance of equipment;
- Participates with the supervising Speech/Language Therapist in in-service trainings;
- Signs and initials treatment/therapy notes for review and co-signature by the supervising Speech/Language Therapist;



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- Maintains coordination between general curriculum areas and therapy activities;
- Maintains accurate and current student files;
- Effectively utilizes District technologies appropriate to the position and assumes responsibility for attending District training needed to successfully perform designated responsibilities as directed by supervisor; and,
- Performs related work as assigned.

KNOWLEDGE

- Applicable state and federal rules and regulations.
- Subject matter/course content relevant to assignment.
- Child development.
- Current assistive technology.
- Organization, time management, and recordkeeping.

SKILLS

- Addressing a variety of speech/language deficits.
- Assessing and evaluating student progress and achievement.
- Designing and conducting specialized instruction, remediation, and evaluation.
- Modifying techniques and materials for effectiveness.
- Collaborating effectively with parents, students, staff, and administrators.
- Communicating effectively both verbally and in writing.
- Identifying personal, cultural, and institutional bias.
- Operating technology devices and specific software programs.
- 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 in Speech Pathology; or an equivalent combination of directly-related education and experience.

Required Certifications/Licenses:

- Speech/Language Therapist Assistant Certificate issued by an accredited institution.
- Arizona Fingerprint Clearance Card (FPCC).

CLASS HISTORY INFORMATION

Created: 11/2021

Amendments:



SPEECH THERAPIST, ASSOCIATE 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crouching	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"/>
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, ASSOCIATE 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"/>



SPEECH THERAPIST, ASSOCIATE 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)



SPEECH THERAPIST, ASSOCIATE 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.