**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** PHYSICAL THERAPIST

**REPORTS TO:** Student Service Administrator

**SUMMARY:** Perform functions to provide educationally related physical therapy services to special education students. Works on acquisition or compensation for deficits in gross motor skills.

**ESSENTIAL JOB FUNCTIONS:**

1. Assess functional performance of students within the school setting through observation, review of student records and consultation with educational team utilizing the appropriate assessment tools.
2. Modify and adapt lessons as needed to meet individual student’s needs and IDEP goals.
3. Review student progress via assessments, maintain records of student work, and develop intervention strategies to ensure student success and growth through team meetings and IEP conferences.
4. Meet regularly with teachers, teacher assistants and specialists to discuss individual student’s modifications or adaptations, ongoing learning issues, interventions or problems. Work collaboratively to ensure individual student’s needs are met.
5. Actively participate on problem solving and intervention teams to facilitate early involvement and resolution to learning or behavioral problems.
6. Complete required documentation of student performance and progress.
7. Communicate both verbally and in writing with parents, students and case managers on progress.
8. Establish a safe atmosphere conducive to a positive learning environment. Act as role model on appropriate behaviors ensuring social and emotional development is progressing normally.
9. Provide modeling and training to teachers and teacher assistants.
10. Keep abreast of current evidence-based practice related to the field of Physical Therapy.
11. Monitor use and maintenance of equipment related to physical therapy.
12. Actively participate on various district teams or committees. Provide feedback and act as liaison to other district staff.
13. Enforce and support school policies, philosophies and objectives with students and parents.
14. Collaborate with other staff in planning, modifying, enhancing and implementing curriculum and school objectives.
15. Participate in staff development and school improvement activities in order to maintain professional growth. Plan and incorporate best practices or new strategies.
16. Participate in events outside of the regularly scheduled work day such as orientation or conferences.

Perform other related duties as assigned.

Revised January, 2019

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IPCA and Non-Bargaining Unit Goal Setting Document**

**Goal Setting:**

My professional goal(s) for the school year is/are in reference to number(s) \_\_\_\_\_on the evaluation instrument for my job classification. Growth in this/these area(s) will be evidenced by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further definition of goal area(s):**

**(To be completed by the supervisor/administrator as needed)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Bargaining Employee Evaluation and Goal Employee’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review Form Employee’s ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indian Prairie School District #204 Conference Date:­­­­­­­­­­\_\_\_\_\_\_\_\_**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: Physical Therapist

This form is used by supervisors of non-bargaining staff members who are working in part-time or full-time positions with the Indian Prairie School District #204. The non-bargaining employee’s immediate supervisor may complete the form. If the employee’s immediate supervisor is not a District administrator, the administrator who supervises the program or areas in which the classified employee works must sign the form. The employee must be provided with a copy of the signed and completed evaluation. This form is to be used in conjunction with the Framework for Occupational/Physical Therapists. Specific components are referenced after each item.

**Key:**

(E) Excellent

(P) Proficient

(NI) Needs Improvement - requires a comment which defines the area of concern and expectations for improvement

(U) Unsatisfactory – requires a comment which defines the area of concern and the expectations for improvement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | U | NI | P | E | Comments |
| 1. Assess functional performance of students within the school setting through observation, review of student records and consultation with educational team utilizing the appropriate assessment tools. (1b, 1d, 1e, 3d) |  |  |  |  |  |
| 1. Modify and adapt lessons as needed to meet individual student’s needs and IDEP goals. (1c, 1d, 3e) |  |  |  |  |  |
| 1. Review student progress via assessments, maintain records of student work, and develop intervention strategies to ensure student success and growth through team meetings and IEP conferences. (3b, 3d, 4b) |  |  |  |  |  |
| 1. Meet regularly with teachers, teacher assistants and specialists to discuss individual student’s modifications or adaptations, ongoing learning issues, interventions or problems. Work collaboratively to ensure individual student’s needs are met. (3a, 4d) |  |  |  |  |  |
| 1. Actively participate on problem solving and intervention teams to facilitate early involvement and resolution to learning or behavioral problems. (2d, 3b) |  |  |  |  |  |
| 1. Complete required documentation of student performance and progress.(4b) |  |  |  |  |  |
| 1. Communicate both verbally and in writing with parents, students and case managers on progress. (3a, 4c) |  |  |  |  |  |
|  | U | NI | P | E | Comments |
| 1. Establish a safe atmosphere conducive to a positive learning environment. Act as role model on appropriate behaviors ensuring social and emotional development is progressing normally. (2a, 2b, 2d) |  |  |  |  |  |
| 1. Provide modeling and training to teachers and teacher assistants.(3a, 3b) |  |  |  |  |  |
| 1. Keep abreast of current evidence-based practice related to the field of Physical Therapy. (1a, 4d) |  |  |  |  |  |
| 1. Monitor use and maintenance of equipment related to physical therapy. (2c) |  |  |  |  |  |
| 1. Actively participate on various district teams or committees. Provide feedback and act as liaison to other district staff. (4d, 4e) |  |  |  |  |  |
| 1. Enforce and support school policies, philosophies and objectives with students and parents. (1a, 2c) |  |  |  |  |  |
| 1. Collaborate with other staff in planning, modifying, enhancing and implementing curriculum and school objectives. (1d, 3e, 4d) |  |  |  |  |  |
| 1. Participate in staff development and school improvement activities in order to maintain professional growth. Plan and incorporate best practices or new strategies. (1c, 1d, 4d) |  |  |  |  |  |
| 1. Participate in events outside of the regularly scheduled work day such as orientation or conferences.(4e) |  |  |  |  |  |
| 1. Performs other duties as assigned. |  |  |  |  |  |

**Additional comments as needed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The employee’s signature on this form does not necessarily mean that he/she agrees with this evaluation. The employee may submit a written statement about this evaluation to the Assistant Superintendent for Human Resources within ten (10) days of receiving this evaluation.) The written response will be attached to the evaluation form prior to placing it in the employee’s personnel file.