

Guest Teacher - Special Programs Para

As a Guest Teacher, you may sign up to accept daily sub jobs as a Special Needs Para, in addition to teaching. Below is the job description. Guest Teacher – Special Programs Para will be paid at your guest teacher rate.

SUMMARY: Assist students in Specialized Programs by providing specialized individualized instruction; including academic support, monitoring behaviors, functional life skills in a Title I designated school. Assists student in maintaining personal health and hygiene functions; assists students to and from classes and bus stops.

ESSENTIAL DUTIES AND RESPONSIBILITIES: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Provide support in general education setting in order for students to fully participate in class activities. Assists students in Specialized Programs by tutoring, adapting work and monitoring and enforcing social and acceptable behavior. May assist with administer testing or assessments. Assists instructor with related paperwork. Implement specialized therapy programs; work directly with therapists on physical progress and Individualized Education Plans (IEP).
2. Assist special needs students in performing daily routines, including getting to and from class and bus stops, using toilets, diapering, feeding, medical needs and personal hygiene, including working with tracheotomies, feeding tubes, and catherization. Support behavior plan implementation.
3. Sanitize, disinfect and clean learning environment and general work area of all bodily fluids.
4. Facilitates and encourages speech and language development through the use of alternate communication systems such as sign language or voice activated computer systems.
5. Perform other job-related duties as assigned.

If you are interested in this opportunity, you will be scheduled for a physical. Accepting or not accepting this opportunity has no impact on your guest teacher status.

- Yes, I am interested
 No, I am not interested.

Printed Name

Signature

Date

Left Blank Intentionally

Substitute Statement Form

Print Full Name: _____ **Employee ID #:** _____
(Last, First, Middle)

Please read and **INITIAL** each statement:

_____ I understand that Adams 12 Five Star School's definition of a 'substitute' is a non-contract employee and is on an as-needed basis.

_____ I understand that there is no set number of hours guaranteed as a substitute and that my substitute status is on an on-call basis, when I am available to work.

_____ I understand that I will not be called to work while Adams 12 Five Star Schools is not in session (i.e., teacher work days, in-service days, seasonal breaks, and emergency closures).

_____ I understand that I must register as a substitute in the Frontline Absence Management System. This will enable the system to call me to work based on my profile and my availability. I must keep by profile updated with any unavailability.

_____ I understand that prior to accepting an assignment that has already started, I will need to talk to either the substitute office or the school. The substitute time will be adjusted to the actual time worked.

_____ I understand that during my substitute teaching assignment for a ½ day or full day that I am required to be available to substitute during open planning times for other teachers and required to stay the entire 4 hour or 8 hour day, as directed by the school. The principal has the right to change teaching assignments based upon need.

_____ I understand that I may be evaluated on my job performance, attendance, and conduct by staff members. I also understand that negative evaluations may result in disciplinary action including required training and/or separation of my employment as a substitute for Adams 12 Five Star Schools.

_____ I understand that I will receive a Letter of Assurance through e-mail services, that when completed and returned, will assure my eligibility to substitute for Adams 12 Five Star Schools for the following school year. If I **do not receive** a Letter of Assurance by May 13th, I will contact the Human Resources/Substitute Office to be e-mailed the forms. I understand that if I fail to return the Letter of Assurance, my employment with Adams 12 Five Star Schools as a Substitute will be automatically separated.

_____ I understand that if I fail **to accept a minimum of 7 assignments within the current school year**, my employment with Adams 12 Five Star Schools as a Substitute may be automatically separated. I also understand that I will receive e-mail notification of this action.

This form must be signed and returned to Human Resources/Substitute Office before substitute assignments will be made. Please print a copy of this form for your records.

Signature _____ Date _____

Please Initial, Sign, and Date