JOB DESCRIPTION

TITLE: Social Worker

QUALIFICATIONS: Set by State Certification Authorities

GOAL: To provide social services that support the interest of the student

SPECIFIC RESPONSIBILITIES:

- A. Contacts and relationships
 - Supervisory
 - a. Supervision received
 - 1. Directly: Pupil Appraisal Coordinator
 - 2. Indirectly: Superintendent and Principals
 - b. Supervision exercised
 - 1. Directly: N/A
 - 2. Indirectly: N/A
 - 2. Organizational
 - a. Internal
 - 1. Continuous contact with Pupil Appraisal Coordinator
 - 2. Frequent contact with principal, teachers and students
 - 3. Occasional contact with Supervisor of Special Education
 - b. External
 - 1. Continuous contact: N/A
 - 2. Frequent contact with parents
 - 3. Occasional contact with public and private agencies
- B. Functions
 - 1. Planning
 - a. Plan a program of self-improvement and professional growth
 - b. Plan a program of consultative service to parents
 - c. Plan a program of classroom observation for individual cases
 - 2. Implementation
 - Interview parents of students referred to secure the social development
 - b. Review information on pupil appraisal forms from the student's teacher
 - c. Collect all appropriate social and cultural information that may affect the student's school adjustment
 - d. Ensure the confidentiality of all information
 - e. Make referrals when appropriate to social, health, mental health, and welfare agencies
 - f. Assist in the preparation of the evaluation report
 - g. Secure information when necessary from other agencies
 - h. Determine budgetary needs for the position
 - i. Interpret the teams evaluation to the parent
 - j. Identify environmental factors that affect handicapped children
 - k. Make suggestions to utilize school and community resources for the maximum benefit of the student
 - 1. Perform all other duties as required

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- Control 3.

 - Prepare and maintain necessary records

 Evaluate procedures used in gathering information

 Monitor the implementation of the recommendations from
 the evaluation report

Date Employee's Signature