



The Department of Special Education Services
invites applications for the position of:

Speech Language Pathologist Job # 507-453-01 OPS

The primary function of the position is: To Provide speech and language services to elementary school students attending public charter schools in Multnomah County.

Required Application Materials: MESD Employment Application
(*Incomplete applications will not be processed*) Application Addendum
 Copy of license
 Criminal History Check Form

Starting Date: As Soon As Possible

Application Deadline: Open Until Filled

Work Year: 190 day work year
.6 FTE

Assignment Location: Various Charter Schools
in Multnomah County

Salary Range: \$19,989 (BA step 0) to
\$31,773 (MA +45 step 8)
**Less than full year will be prorated*

Bargaining Unit: MESDEA

Benefit Package: Medical insurance (including vision and prescription coverage); dental insurance; term life insurance; Oregon Public Service Retirement Plan (OPSRP) enrollment upon eligibility; tuition assistance; and, paid leaves for illness and personal use.

Required employment packets can be obtained as follows (application materials will not be faxed):

- ◆ Via web: www.mesd.k12.or.us
- ◆ In person: Monday-Friday, between 8:00 am - 5:00 pm in the Lobby of the MESD Administrative Building, 11611 NE Ainsworth Circle, Portland, OR 97220
- ◆ By mail: send a self addressed, stamped (two 1st class stamps) legal size envelope indicating position of interest to the address listed above

Completed application materials must be received by 5 p.m. on the closing date.
Send or deliver to: Receptionist, Multnomah ESD
P.O. Box 301039
Portland, OR 97294-9039

APPLICATION PROCESS GUIDE

We appreciate your interest in the Multnomah Education Service District. Below is a guide to help you understand our application process and assist you in the successful completion of your application.

GENERAL INFORMATION: Read the job announcement carefully. Announcements contain special instructions and requirements. It is your responsibility to complete all parts of the application. Applications are valid for the **posted vacancies** only. Complete a separate application for each posted vacancy for which you wish consideration. Resumes may be attached for additional information, but may not be used to substitute completion of the application. The job title on your application should match the job title as it appears on the posted vacancy. **Applications that are incomplete, do not include the required materials listed on the front of the job announcement or are not signed by applicants, will not be considered.** *All application materials become the property of the Multnomah Education Service District and will not be returned to the applicant.*

AFFIRMATION ACTION: The Multnomah Education Service District is an equal opportunity employer. MESD employs men and women in both traditional and non-traditional jobs and is committed to ensure there is no discrimination against any person based on race, color, sex, religion, national origin, physical or mental disability, marital status, age or sexual orientation, except in positions where a bonafide occupational qualification exists. Accommodations due to a disability will be reviewed upon request. In accordance with Federal guidelines for Equal Employment Opportunity, our District is required to keep records, which include identification of job applicants by race, age and sex status. A separate sheet is provided with your application materials. Furnishing this information is optional (see directions on sheet for further information).

POSTED VACANCIES: To check for current openings, visit us at www.mesd.k12.or.us. Jobs are listed with the State Employment Division and most advertisements appear in the Sunday edition of the Oregonian.

THE APPLICATION PROCESS: Applications are due by 5 p.m. on the closing day. If additional information is needed, contact the Receptionist at 503-255-1841 between M-F, 8:00 am - 5:00 pm. You will receive a postcard when the Recruitment Office has received your completed application. Applications will not be faxed to applicants.

INTERVIEW AND SELECTION PROCESS: Evaluation of applications will be completed as soon after the closing date as possible. Due to the large number of applications for most positions, it may not be possible to interview every applicant. If you are selected for interview you will be notified by telephone within 10 working days after the application deadline. If you are interviewed and selected to fill the vacancy, you will be contacted by telephone. If you are interviewed and not selected, you will receive written notification when the position has been filled.

FINAL CANDIDATES: Under the Immigration Reform & Control Act of 1986, you will need to present verification of your identity and right to work in the USA on your first day of employment. Also, if you are accepting a position where you will be in contact with children, you will be finger printed for clearance through the Oregon State Police and by the Federal Bureau of Investigation. The cost to you for MESD to process your finger print cards is \$65.00. Costs for finger printing vary depending on where finger printing is done. If you are accepting a position where you will not be in contact with children, a criminal record check on you will be completed through the Department of Education. The cost to you will be \$8.00.

JOB TITLE: **SPEECH & LANGUAGE PATHOLOGIST - A**

REPORTS TO: Coordinator and/or Supervisor, Department of Instruction

POSITION PURPOSE:

To assess, to provide direct instruction and to provide services to language impaired students.

NATURE & SCOPE:

This position is subject to Board policies, administrative rules and procedures, department regulations and applicable State and Federal statutes. This position carries no administrative authority or responsibility.

ESSENTIAL JOB FUNCTIONS:

1. Screen referred students for speech, language and/or hearing.
2. Assess students to determine current level of performance.
3. Determine level of service based upon current assessment.
4. Draft an Individual Education Program (IEP) based upon student needs.
5. Implement Individual Education Programs.
6. Schedule speech and language training.
7. Provide speech and language therapy.
8. Develop speech and language program materials as needed and/or requested.
9. Document student progress and monitor student performance.
10. Conduct referral and follow-up activities.
11. Act as a liaison with parents and related professionals or agencies regarding student services.
12. Provide information and training to staff, parents, volunteers and community.
13. Maintain records and write reports.
14. Document, maintain, and submit speech and language services for Medicaid billing.
15. Attend required meetings.
16. Perform other job-related duties as assigned by the Coordinator/Supervisor or which are indicated to assure the physical and emotional well being of students.
17. Adhere to policies of the district and procedures of the department and/or section.

OTHER JOB FUNCTIONS:

1. Maintain and submit records/reports to the Supervisor related to speech and language pathology.
2. Act as a resource person in the area of speech-language pathology services.

KNOWLEDGE, SKILLS AND ABILITIES:

1. Emotional and physical stamina to perform duties as required by the designated task except for temporary disability.
2. Valid driver's license and vehicle available for on-the-job use.
3. Knowledge of alternative communication systems, as applicable.

EDUCATION AND EXPERIENCE:

- Valid Basic or Standard Oregon Teaching Certificate with Speech Impaired Endorsement with Certificate of Clinical Competency in Speech and Language Pathology from the American Speech and Hearing Association, or
- Speech Pathologist License as issued by the Board of Examiners in Speech Pathology and Audiology.

The statements contained herein reflect general details as necessary to describe the principal functions of this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absences or relief, to equalize peak work periods or otherwise to balance the workload.

EMPLOYMENT HISTORY:

List below your work and military experience, paid or unpaid, beginning with your present or most recent job. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. If you do not feel that the space provided for DUTIES is adequate, please attach additional sheets. **PLEASE COMPLETE SECTIONS/ITEMS WHETHER OR NOT YOU SUBMITTED A RESUME. If this section is not completed, your application will not be processed. Be sure to read and sign the bottom of page 3 of 3.**

Present or Last Position	EMPLOYER	ADDRESS	FROM _____ (Month) (Year) TO _____ (Month) (Year) # OF HOURS/DAY _____ # OF DAYS/YEAR _____
	YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
	DUTIES (be specific)		
	IF PRESENT EMPLOYER, MAY WE CONTACT?	REASON FOR LEAVING	
	Yes No		
	EMPLOYER	ADDRESS	FROM _____ (Month) (Year) TO _____ (Month) (Year) # OF HOURS/DAY _____ # OF DAYS/YEAR _____
	YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
	DUTIES (be specific)		
	REASON FOR LEAVING		
	EMPLOYER	ADDRESS	FROM _____ (Month) (Year) TO _____ (Month) (Year) # OF HOURS/DAY _____ # OF DAYS/YEAR _____
	YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
	DUTIES (be specific)		
	REASON FOR LEAVING		

EMPLOYER	ADDRESS	FROM _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
DUTIES (be specific)		
REASON FOR LEAVING		
		TO _____ (Month) (Year)
		# OF HOURS/DAY _____
		# OF DAYS/YEAR _____

EMPLOYER	ADDRESS	FROM _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
DUTIES (be specific)		
REASON FOR LEAVING		
		TO _____ (Month) (Year)
		# OF HOURS/DAY _____
		# OF DAYS/YEAR _____

PROFESSIONAL REFERENCE: Please give the name of three persons not related to you, with whom you have had a professional relationship for at least one year.

NAME/COMPANY	HOW DO YOU KNOW
TELEPHONE	YEARS YOU HAVE KNOWN
NAME/COMPANY	HOW DO YOU KNOW
TELEPHONE	YEARS YOU HAVE KNOWN
NAME/COMPANY	HOW DO YOU KNOW
TELEPHONE	YEARS YOU HAVE KNOWN

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize Multnomah Education Service District to make any necessary and appropriate investigations to verify the information contained herein and to do employment reference checks.

SIGNATURE: _____ DATE: _____

All application materials submitted become the property of MESD
 SEND APPLICATION, CRIMINAL RECORD CONSENT, AFFIRMATIVE ACTION FORM AND ANY OTHER MATERIALS REQUESTED TO:

MULTNOMAH EDUCATION SERVICE DISTRICT
 Attn: Receptionist
 11611 NE Ainsworth Circle
 P.O. Box 301039
 Portland, OR 97294-9039

PHONE: 503-255-1841
 FAX: 503-257-1620

**ADDENDUM TO APPLICATION FOR SPEECH LANGUAGE PATHOLOGIST – CHARTER
JOB # 507-453-01 OPS**

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**Please answer questions completely whether or not you submit a resume.
Incomplete responses will result in your application not being processed.**

1. Do you hold an Oregon teaching license with speech-impaired endorsement? Yes No

If so, please attach a copy of your license.

2. Do you hold a Speech Pathologist License issued by the Board of Examiners in Speech Pathology and Audiology? Yes No

3. Do you hold a Certificate of Clinical Competency in Speech and Language Pathology from the American Speech and Hearing Association? Yes No

If so, please attach a copy of your license.

4. If no to question 3, can you obtain one within one year of date of hire? Yes No

If so, please explain

5. Do you have a valid driver's license and transportation for use on the job? Yes No

6. Do you have knowledge of alternative communication systems? Yes No

If yes, please describe

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7. You have written communication objectives and programs to be implemented by the classroom staff with selected students. You have carefully reviewed these goals and programs with all of the classroom staff. After a period of three weeks you discover that only you are running the programs on your weekly visit to the classroom and not by the staff in the interim. How would you handle this situation?

I hereby certify that this application contains no misrepresentations or falsifications and that the information is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize the Multnomah Education Service District to make any necessary and appropriate investigations to verify the information contained herein and to do employment reference checks.

Signature: _____ Date: _____



AFFIRMATIVE ACTION – SELF IDENTIFICATION FORM

All applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. Your cooperation in responding to the information below will assist Multnomah ESD in ensuring equal opportunity employment and in complying with governmental regulations and affirmative action responsibilities.

RACE: Select one or more

AMERICAN INDIAN (AI) OR **ALASKA NATIVE (AI)**

A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

ASIAN (AS)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AFRICAN AMERICAN (BL)

A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN (NH) OR **OTHER PACIFIC ISLANDER (NH)**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE (WH)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNICITY: Select one

HISPANIC
or **LATINO** (all races)

HISPANIC
or **LATINO** (White only)

NOT HISPANIC
or **LATINO**

SEX: Female Male

VETERAN:

Recently Separated means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded.

Veteran who has served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Disabled Veteran

INDIVIDUAL WITH A DISABILITY:

Disabled A person with the presence of substantially physical/ mental impairment that limits one or more of such person's major life activities; record of such impairment; is regarded as having such impairment.

Completion of this data is voluntary and will not affect your opportunity for employment, advancement, or terms or conditions of employment. Information is for statistical use only and is kept confidential and stored separate from personnel records.

Name: _____ Date of Birth: _____

Zip Code: _____ If you do not wish to provide this information, initial here: _____

HOW DID YOU FIND OUT ABOUT THIS POSITION OR AGENCY?

Walk-in _____
State Employment Service _____
School _____
Other – please specify _____

Newspaper Ad – which paper? _____
MESD employee – who? _____
Internet or web site – which site? _____



**NOTICE OF CRIMINAL RECORDS CHECK – Fingerprints
(Application for employment)**

An application for employment is subject to a criminal records check, which may include fingerprint collection where appropriate, as required by law and MESD Board Policy. An applicant’s refusal to consent to a criminal records check, including fingerprint collection, will cause MESD to withdraw an offer of employment.

An applicant, who would otherwise be subject to fingerprint collection, may be exempt from the requirement where the applicant has successfully completed a criminal records check, which included fingerprint collection, under ORS 326.603 and has continuously resided in Oregon since completion of that records check. An applicant, who claims an exemption, has the burden to provide MESD with evidence which supports the exemption. Any fees associated with the criminal records check, including fingerprinting, shall be the responsibility of the applicant. Such fees shall be paid at the time the criminal records check is collected.

The Oregon Department of Education (ODE) will review the fingerprint-based criminal records check, and notify MESD if a person may be employed. A person is not employable where ODE determines that the person has been convicted of a crime listed in ORS 342.143 or in OAR 581-22-716(9), or has made a false statement about the conviction of a crime. Where ODE notifies MESD that person is not employable, MESD will immediately terminate the employment. The person may appeal ODE’s determination to the Oregon Superintendent of Public Instruction as a contested case under ORS 183.413 to 183.470.

I have read and understand the above information.

Signature of Applicant _____

Date _____