Sunflower County Consolidated School District

Mrs. Miskia Davis, Superintendent "United For Excellence"



JOB DESCRIPTION

TITLE: Substitute Teacher

QUALIFICATIONS:

- High School diploma
- Good physical condition with ability to lift 10 pounds

REPORT TO: Principal

JOB GOAL: In the absence of the regular classroom teacher, help students to learn subject matter and/or skills that are required for scheduled lesson and to provide meaningful instruction for assigned classroom

PERFORMANCE RESPONSIBILTITIES:

- Report to school office at the beginning of the school day to pick up required materials/schedule of classes and at the end of the school day returns materials
- Follow sign out procedures as prescribed by the district
- Carry out a program of study prescribed in the lesson plans left by the classroom teacher
- Create a classroom environment that is conduce to learning and appropriate to the maturity and interest of the students
- Guide the learning process toward the achievement of curriculum goals and objectives as indicated in the lesson plans for the lessons, units, or projects assigned
- Employ instructional methods and materials that are most appropriate for meeting lesson objectives
- Maintain a neat and orderly classroom straightens chairs, table, clears chalkboard, etc.
- Take attendance in accordance with school procedures
- Indicate to students at the beginning of class the basic expectations for behavior in the class in accordance with district policies and school procedures
- Endure that students are never left unattended in the classroom
- Know emergency evacuation routes for the classroom assigned
- Know procedures for referring students who are disciplinary problems
- Know school procedures and regulations
- Perform such other tasks and assumes such other responsibilities as requested by his/her supervisor(s)

TERMS OF EMPLOYMENT: Salary and work year established by SCCSD School Board.

EVALUATION: Performance of this job will be evaluated bi-annually by the Superintendent.

Approved by: __SCCSD School Board _______ Date: ________

Reviewed and agreed to by: ________ Date: __________

(Employee)

Date:

(Supervisor)