



The Department of Instruction, Early Childhood Special Education invites applications for the position of:

**Speech Language Pathologist,  
Early Childhood Special Education Services  
Job # 569-452-02 OPS**

**The primary function of the position is:** Provide speech/language evaluation and direct consultative services for preschool children with various disabilities.

**Required Application Materials:**  
*(Incomplete applications will not be processed)*

- MESD Employment Application
- Application Addendum
- Criminal History Check Form

**Starting Date:** As Soon As Possible  
**Work Year:** 190 days, year round schedule

**Application Deadline:** Open until filled  
**Assignment Location:** Multnomah County,  
Early Childhood Program

**Salary:** Minimum BA Step 0 \$33,315 to  
Maximum MA+45 Step 8 \$52,955  
*\*\*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](http://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 (2 first class stamps) legal size envelope indicating position of interest to the address listed below

**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](http://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 FOR  
EARLY CHILDHOOD SPECIAL EDUCATION SERVICES**

**REPORTS TO:**               Supervisor, Early Childhood Special Education

**POSITION PURPOSE:**

Provide speech/language evaluation and direct consultative services for preschool children with various disabilities.

**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. Participate as a transdisciplinary team member to complete educational assessments for children and assist in determining eligibility for Early Intervention/Early Childhood Special Education (EI/ECSE) services based on the federal and state laws.
2. Case manages assigned children by completing due process forms and developing IFSPs based on the educational assessment information and/or periodic reviews.
3. Provide quality direct and consultative services based on the IFSP to enhance the child's development.
4. Develop appropriate systems to regularly monitor instructional progress and maintain/complete records and reports as required by program procedures and federal and state laws.
5. Work as a team member in a supportive role to teachers, educational assistants, COTAs, LPTA, SLA, parents or other caregivers to address each child's needs.
6. Completes documentation and billing for Medicaid.
7. Attend required meetings

**OTHER JOB FUNCTIONS:**

1. Participate in ongoing professional development as requested or as approved by the supervisor.
2. Adhere to state and Federal laws, and policies and procedures of the district, the department and program.
3. Perform other job-related duties as assigned services.

**KNOWLEDGE, SKILLS AND ABILITIES:**

- Valid driver's license and vehicle available for on the job use.
- Ability to lift students according to acceptable risk factors guidelines (up to 40 pounds maximum without additional support). Exact lifting requirements will vary based upon student weight, tone, and transfer positions/space.
- Understanding of typical and atypical child development from birth through five years of age.
- Knowledge of etiology and characteristics of common developmental disabilities and the impact on child's abilities.
- Knowledge of federal and state rules and regulations for Early Intervention and Early Childhood Special Education.
- Ability to use good communication skills and productive problem-solving strategies as a collaborative team member.
- Ability to work in partnership with families, mutually exploring options, soliciting input about what they want for their child, and respect their choices.

**EDUCATION AND EXPERIENCE:**

Speech Pathologist License as issued by the Board of Examiners in Speech Pathology and Audiology preferred or Oregon Teaching License with Speech Impaired Endorsement and ability to earn Speech Pathologist License as issued by the Board of Examiners in Speech Pathology and Audiology within one year. Training in speech/language development of the young child. Experience in assessment or provision of services to children in a school, preschool, community, or clinical setting. Experience working with preschool age children and families in a collaborative service delivery model.

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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.



AN EQUAL OPPORTUNITY EMPLOYER/DRUG FREE/TOBACCO FREE WORKPLACE

EMPLOYMENT APPLICATION  
PAGE 1 OF 3  
INCOMPLETE APPLICATIONS  
WILL NOT BE CONSIDERED

## PERSONAL DATA

<p>(Last) _____ (First) _____ (Middle) _____</p> <p>_____ (Mailing Address)</p> <p>_____ (City) _____ (State) _____ (Zip) _____ (County) _____</p> <p>TELEPHONE NUMBER(S):</p> <p>Residence: _____</p> <p>Cell/Message: _____</p> <p>Business: _____</p> <p>EMAIL ADDRESS:</p> <p>_____</p>	<p>This application will be considered only for the specific job applied for. It will not be retained. If you desire to be considered for a position at a future time, you must file a new application.</p> <p>POSITION APPLIED FOR:</p> <p>_____</p> <p>When is the earliest date you could report to work?</p> <p>_____</p> <p>Are you authorized to work in the United States?</p> <p style="text-align: center;">Yes      No</p> <p style="text-align: right;"><i>NOTE: If you are hired, you will be asked to provide verification of your work eligibility.</i></p> <p>Are you 18 years of age or older?</p> <p style="text-align: center;">Yes      No</p>
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## EDUCATION AND CERTIFICATES

Do you have a high school diploma or GED certificate?      Yes      No

List name and location: \_\_\_\_\_

### SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED

School Name	Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma

Have you worked for MESD before?      Yes      No

Dates worked: \_\_\_\_\_ Position held: \_\_\_\_\_

**\*\*FOR HR USE ONLY\*\***

Job number applied for: \_\_\_\_\_ #1 Date card sent/Initials: \_\_\_\_\_ Entered by: \_\_\_\_\_

Minimum qualifications met?      Yes      No      #2 Date color card sent/Initials : \_\_\_\_\_

**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.**

<b>Present or Last Position</b>	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		
EMPLOYER	ADDRESS	TO _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
DUTIES (be specific)		
REASON FOR LEAVING		
		# 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: \_\_\_\_\_

<p><b>All application materials submitted become the property of MESD</b>                  SEND APPLICATION, CRIMINAL RECORD CONSENT, AFFIRMATIVE ACTION FORM AND ANY OTHER MATERIALS REQUESTED TO:</p>	<p><b>MULTNOMAH EDUCATION SERVICE DISTRICT</b>                  Attn: Receptionist                  11611 NE Ainsworth Circle                  P.O. Box 301039                  Portland, OR 97294-9039</p>	<p>PHONE: 503-255-1841                  FAX: 503-257-1620</p>
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**ADDENDUM TO APPLICATION FOR SPEECH & LANGUAGE PATHOLOGIST FOR  
EARLY CHILDHOOD SPECIAL EDUCATION SERVICES**

**JOB #569-452-02 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:
  - Speech Pathologist License as issued by the Board of Examiners in Speech Pathology and Audiology?  Yes  No
  - OR
  - Oregon Teaching License with Speech Impaired Endorsement?  Yes  No

If yes, are you able to earn a Speech Pathologist License as issued by the Board of Examiners in Speech Pathology and Audiology within one year?  Yes  No
  
2. Are you able to lift students up to 40 pounds?  Yes  No
  
3. Do you have a valid driver's license and your own transportation?  Yes  No
  
4. Do you have experience working with preschool age children and families in a collaborative service delivery model?  Yes  No

Begin/Ending Dates	Location	Position Held	Description of Duties

**ADDENDUM TO APPLICATION FOR SPEECH & LANGUAGE PATHOLOGIST FOR  
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5. Do you have an understanding of typical and atypical child development from birth through five years of age? Yes No

Please explain how you obtained this knowledge:

6. Describe how you have used interpersonal communication skills with parents and team members.

7. Do you possess knowledge of etiology and characteristics of common developmental disabilities and the impact on child's abilities? Yes No

Please describe:

**ADDENDUM TO APPLICATION FOR SPEECH & LANGUAGE PATHOLOGIST FOR  
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8. Describe your experience and knowledge of federal and state rules and regulations for Early Intervention and Early Childhood Special Education

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:**

**Vietnam-Era Veteran** (August 1964 – May 1975)  
**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 substantial 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 \_\_\_\_\_ Newspaper Ad – which paper? \_\_\_\_\_  
State Employment Service \_\_\_\_\_ MESD employee – who? \_\_\_\_\_  
School \_\_\_\_\_ Internet or web site – which site? \_\_\_\_\_  
Other – please specify \_\_\_\_\_



**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 \_\_\_\_\_