**UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.**

**1411 N.W. 14 AVENUE**

**MIAMI, FLORIDA 33125**

**EMPLOYEE JOB DESCRIPTION**

**SPECIFIC DUTIES & RESPONSIBILITIES**

Job Title: **OCCUPATIONAL THERAPIST**

Supervisor: DIRECTOR OF PRESCHOOL

Dept/Div.: PRESCHOOL/DIV. 110

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| **Specific Duties & Responsibilities** |
| 1. Evaluate the actual function and potential of the child and submit written evaluation yearly. |
| 1. Develop treatment objectives for the child and devise appropriate plan of physical therapy. |
| 1. Provide individualized physical therapy services in a sound professional manner which fosters the treatment philosophy of the program. |
| 1. Utilize a maximum of one month to complete an initial or re-evaluation/assessment per child. |
| 1. Provide minimum of five treatment sessions daily including feeding. |
| 1. Provide timely monthly Progress Notes as per policy. |
| 1. Provide timely Therapy Report for the Family Support Plan Meeting. |
| 1. Complete all paperwork when the children are not in the program. |
| 1. Train staff (therapists, teachers, assistants, etc.), as appropriate in the area of physical therapy. |
| 1. Assist teacher in developing observation/goals for gross motor area. |
| 1. Attend and/or actively participate in screenings. |
| 1. Participate in home visits, when needed. |
| 1. Is up-to-date on physical therapy techniques for treatment of developmental disabilities. |
| 1. Participate in promoting the transdisciplinary approach. |
| 1. Supervise and participate in student training. |
| 1. Design and maintain equipment in related areas. |
| 1. Follow daily schedule, complete daily attendance and turn in on last day of the month. |
| 1. Utilize open time for alternative, equipment evaluation, new evaluation/assessment, observations, and consultations. |
| 1. Promote and provide parent/guardian training in the area of physical therapy. |
| 1. Assess effectiveness of implemented Therapy Program. |
| 1. Accurately assess equipment needs (orthoses, wheelchairs, standers, etc.) and order in a timely manner. |
| **ADMINISTRATIVE RESPONSIBILITIES:** |
| 1. Maintain up-to-date forms, progress notes and materials for evaluation and treatment of children. |
| 1. Attend and participate in Family Support Plan (FSP) meetings when required. |
| 1. Attend and participate in staff meetings on a regular basis. |
| 1. Participate/cooperate on coordinating therapy services with other services and activities. |
| **EDUCATIONAL RESPONSIBILITIES:** |
| 1. Keep posted on current literature and procedures concerning physical therapy. |
| 1. Attend continuing education programs and inservices lectures/training, when possible. |

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**Rev. 04/2013**

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| **Computer Related Duties and Responsibilities ---Self Assessment**  **The purpose of this section is to act as a reminder of UCP’s policies that will maximize effectiveness and efficiency of employee’s computer and UCP’s network. Following these guidelines will protect the valuable information in our computers and save time and resources for you and the IT department. Identify items that need to be a Goal(s) and indicate if you need training.** |
| 1. Archive emails over 3 months old or transfers to H drive personal file |
| 1. Empty deleted email folder weekly |
| 1. Protect system by not opening unsolicited emails or downloading freeware or listening to or downloading streaming video |
| 1. Save emails to H drive personal user file in organized manner |
| 1. Protect confidential and important information by saving to H drive personal user file and not C drive |
| 1. Purge files in H drive personal user file and emails periodically to save space |
| 1. Use scan feature and printing to copy machine if available |
| 1. Internet use—plan sessions to be as efficient as possible and closes site when leaving the computer |
| 1. Restrict internet usage to visiting sites that are related to official work and or work related professional interests; doesn’t use internet for personal business, use streaming banners, listen to iTunes, Limewire, or other music and file sharing websites; access Youtube, Face Book or My Space, play games |
| 1. Close internet sessions immediately after uses of them |
| 1. Pay attention to all security related messages that pop up |
| 1. Use [Goodsearch.com](http://www.goodsearch.com) as preferred home page but other search engines maybe used |
| 1. Accept updates from Adobe and Microsoft as they prompted |
| 1. Keep computer equipment clean and protected from damage |
| 1. Do not download or install any type of software without prior authorization from the IT Department. This includes desk top screen savers. |
| 1. If you suspect you have a virus or malware, turn off your computer and notify the IT Department immediately. |
| 1. Do not share or leave passwords that can be easily found by others and lock work station |
| 1. Do not disconnect or move your computer without prior authorization from the IT Department. |
| 1. Lock workstation (Alt-Control-Delete) when you step away from your computer to prevent unauthorized access |
| 1. Use standardized email signature format for emails (name, title, corporation name, program name or department (optional) address, phone number, fax number, confidentiality statement); don’t use personalized backgrounds, pictures, quotes etc. |

**JOB DESCRIPTION COMMITMENT:**

1. I have read and am fully aware of all the responsibilities indicated in this position description, and I acknowledge the fact that I will be held accountable for insuring that all duties are carried out as deemed appropriate. The job description reflects the general details considered necessary to describe the principal functions of the job. It should not be construed as a complete description of all the work requirements that may be inherent to the job.
2. As an employee of United Cerebral Palsy, I understand that I am required to report to work (before, during and after) a period of civil unrest or natural disaster in accordance with the agency emergency procedures.
3. As an employee of United Cerebral Palsy, I am aware of and committed to a Drug Free Workplace.
4. As an employee of United Cerebral Palsy, I am aware of the reasonable risk of exposure and of the probability of exposure to bloodborne pathogens relative to my specific job duties. I have been trained on the use, purpose and location of personal protective equipment (PPE) and may use additional PPE as I wish.
5. As an employee of United Cerebral Palsy, I understand I am required to comply with all safety and health related policies.