Associates for Human Services, Inc.

JOB DESCRIPTION

DEPARTMENT: EARLY INTERVENTION

POSITION: OCCUPATIONAL THERAPIST

REPORTS TO: TEAM LEADER

SUPERVISES: N/A

STATUS: NON-EXEMPT

GENERAL DESCRIPTION:

The Occupational Therapist will accompany staff members on home visits to children not on their caseload to assess and monitor concerns in areas of motor, sensory issues, feeding, and use of adaptive equipment. The OT will act as a therapeutic liaison with medical community/clinics that relate to occupational therapy needs of children.

REQUIREMENTS:

- Current licensure as an Occupational Therapist by the Massachusetts Board of Registration in Allied Health Professions
- Evidence of physical examination within one year prior to employment.
- Statement of any physical limitation in working with children.
- Evidence of immunity for measles, mumps, rubella and chicken pox.
- Negative Mantoux TB test in accordance with current Department of Public Health regulations.
- Valid Driver's License
- Obtain and maintain certifications in Pediatric First Aid and CPR

DUTIES AND RESPONSIBILITIES:

- Administer, write-up, and inform staff of results of occupational therapy evaluation.
- Instruct, supervise, and monitor staff in areas of gross and perceptual-fine motor, feeding, oral motor skills, and sensory integration.
- Identify need for use of adaptive equipment in natural environments and instruct staff on use and methods.
- Review and monitor home visit and progress reports on all active cases with occupational therapy concerns.
- Assist staff in ordering therapeutic equipment and materials, as needed.
- May be asked to participate in community outreach.
- Attend staff meetings.

- Participate in a supervision and evaluation process.
- Attend appropriate trainings as necessary.

(Please also note essential job functions)

This job description is not intended to be all-inclusive.

I have received and read this job description. My signature below represents acknowledgement of my responsibilities.

_____   _____

Employee Signature   Date

_____   _____

Supervisor Signature   Date