TITLE: Instructional Technology Trainer (FLSA Exempt)

MINIMUM QUALIFICATIONS:

• A valid state teaching certificate and Master's Degree in education is preferred.

- At least 5 years successful teaching, experience demonstrating significant knowledge of instructional technology theory and practice, including integration of technology into the curriculum and teaching methods to advance students learning
- Ability to work with instructional technology in all areas of K-12 curriculum.
- The ability to develop and maintain professional working relationships with educators.
- Experience in a wide range of instructional technology equipment, applications, hardware, software, and the Internet.
- Ability to plan, organizes, manage and lead instructional technology inservice workshops for faculty, staff, administration and community.
- Extensive knowledge of instructional technology setup, operation and minor repair for Windows and Mac operating systems.
- · Effective oral and written communication skills.

Any and all duties as assigned by Assistant Superintendent of Instruction or designee

REPORTS TO: Assistant Superintendent for Instruction or designee

JOB SUMMARY: The Instructional Technology Trainer for the Parish will provide leadership and direction in the development, coordination, and conducting of instructional technology training activities for K-12 teachers, school staff and administrators which results in improved instruction and improved student achievement.

ESSENTIAL JOB FUNCTION:

• Develop comprehensive professional development program and offer training classes on a regular basis to K-12 faculty, staff, and administrators related to the use of instructional technology, its integration into the classroom curriculum, and the basics of operating, trouble shooting, maintaining, and repairing instructional technology equipment

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TERMS OF EMPLOYMENT: 12 Months

Salary in accordance with current salary schedule.

ACCOUNTABILITY: Performance of this job will be evaluated in accordance with provisions of the Board's policy on Evaluation of Support Services Personnel.

Signature of Evaluatee:

Signature indicates that the evaluatee has received the performance responsibilities and evaluation instrument for the position.

Printed Name of Evaluatee: _______ Evaluatee's Employee Identification Number:

(MUNIS ID #)

Date:______ Signature of Evaluator:

Signature indicates that the evaluatee has reviewed the performance responsibilities and evaluation instrument for the position and has so indicated to the evaluator.

Revised 6/2011