

**SWEETWATER UNION HIGH SCHOOL DISTRICT
HUMAN RESOURCE SERVICES DIVISION**

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PLEASE POST OR CIRCULATE

DATE: April 3, 2024
FROM: Director of Human Resources
TO: SEA/CTA/NEA Bargaining Unit Members
RE: 2024 Summer Session Speech Language Pathologist-Extended School Year for Students with Disabilities

POSITION: Speech Language Pathologist for the Summer Session – Extended School Year for Students with Disabilities

SITES: TBD-Based upon Student IEPs
ESY Sites are:
Bonita Vista, East Hills Academy, Hilltop High, and San Ysidro High

BRIEF DESCRIPTION OF SERVICE:

Provide speech and language services to students during the Summer Session-Extended School Year for Students with Disabilities.

All summer school assignments are **tentative** and **dependent upon sufficient enrollment, and funding.**

MINIMUM QUALIFICATIONS:

Possession of a valid California Credential authorizing services to be rendered.

SUMMER SESSION DATES:

June 10 – June 28, 2024 8:00 a.m. – 1:30 p.m.
Teacher Preparation 1:30 p.m. – 2:00 p.m.

APPLICATION PROCEDURES:

Completed applications should be submitted via email directly to
hrsummerschool.notification@sweetwaterschools.org as soon possible, **but no later than 4:30 p.m. on Wednesday, April 10, 2024.**

COMPENSATION:

Pro Rata per Diem

- APPLICATION ON REVERSE SIDE -

~ SPECIAL EDUCATION ~

**CERTIFICATED SUMMER SESSION EXTENDED SCHOOL YEAR
FOR STUDENTS WITH DISABILITIES APPLICATION**

Please accept my application for a teaching and learning assignment as indicated below:

YEAR: 2024 **SESSION:** Speech Language Pathologist for Summer
Session-Extended School Year for Students with Disabilities

Note: **All summer school assignments are tentative, dependent upon sufficient enrollment, and funding.** Selection and placement for Summer Session assignments will be in accordance with Article 33 “Summer School/Intersession” of the SEA collective bargaining agreement.

SCHOOL LOCATIONS

TBD-Based upon Student IEPs (ESY locations BVH, EHA, HTH, and SYH)

If I am selected for a Summer Session teaching assignment, **I will be available for the duration of the assignment without interruption.**

Print Name

Signature

Mailing Address

City/State/Zip

XXX-XX-
Social Security Number
(last 4 digits)

Contact Phone Number

Current Site/Department

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