

SUPPLEMENT PERFORMANCE RESPONSIBILITIES

TITLE: Special Olympics (Lanier)

QUALIFICATIONS:

- Required: Valid Florida Educator's Certificate
National Certification by Special Olympics
- Recommended: Experienced as a coach of several sports

REPORTS TO: Principal and Special Olympics County Coordinator

SUPERVISES: N/A

JOB GOAL: To help plan, organize and supervise the Special Olympics Program for students at Sidney Lanier

PERFORMANCE RESPONSIBILITIES:

- The first responsibility is the welfare and safety of all athletes under his supervision.
- Coordinate the athletic program at Sidney Lanier and assist and advise the coaches and participants of the various sports.
 - Coordinate the registration of students including, updated physicals and all other forms required by Special Olympics.
 - Schedule the team for interscholastic competition, Special Olympics and other events.
 - Assist in making travel arrangements for events held off campus.
- Represent the school at Special Olympic and conference meetings in the absence of or with the Principal.
- Be certain that all coaches fully understand the school's Special Olympics philosophy objectives and policies.
- Assist the Special Olympics County Coordinator with the eligibility requirements of participants in all sports.
- Develop a positive public relations program in the school and community.
- Keep the principal informed of problems encountered and progress made in the athletic program.
- Assume responsibility for providing adequate first-aid coverage and keeping current on athletic training techniques.
- Know rules and regulations required by Title IX, Florida High School Athletic Association rules and regulations and district policies regarding interscholastic athletics.
- Primary responsible for coaching the school's winter Special Olympic Sports.

TERMS OF EMPLOYMENT: Annual Appointment by Principal

EVALUATION: Principal

Approved by: _____ Date: _____
(Principal)

Reviewed and agreed to by: _____ Date: _____
(PRINT – Employee's Name)

Reviewed and agreed to by: _____ Emp. ID #: _____
(Employee's Signature)

**IRS REGULATIONS REQUIRE A WITHHOLDING RATE OF 28%
ON ALL SUPPLEMENTAL PAY AS OF JANUARY 1, 1994.**