SteppingStone Adult Day Health is San Francisco's largest provider of adult day health care. Licensed by the State Department of Public Health and certified as a MediCal provider with the California Department of Aging, the organization has worked tirelessly since 1983 to help seniors and disabled adults overcome the obstacles to independent living by providing a cost-effective, stimulating, and comprehensive set of health and social services that are all available under one roof.

Each of the organization's four centers provides an array of services, including nursing and personal care; medical social work services; meals and nutritional services; medication management; physical, occupational, and speech therapies; and social and recreational activities; as well as round trip transportation via wheelchair accessible vans. Presently, SteppingStone serves over 300 ethnically diverse seniors and adults with disabilities each month.

**JOB DESCRIPTION – SPEECH THERAPIST**

**Job Summary:**
Under the supervision of the Program Director, the Speech Therapist provides functional speech assessments and evaluations for Adult Day Health Care center participants, acts as a consultant for the Program Director, and is member of the Multidisciplinary team.

**Duties and Responsibilities:**
- Evaluate the participants' condition and functional status. Establish goals and set up treatment plans to administer speech therapy techniques as prescribed by the referring physician.
- Provide speech therapy treatment; instruct and demonstrate to families and others the speech therapy and rehabilitation procedures indicated.
- Provide general instruction on principles of speech therapy to staff as needed.
- Record in participants' charts services given and progress notes; schedule participant for further treatment.
- Work in close cooperation with staff and participants as a member of the multidisciplinary team.
- Meet all administrative requirements such as attending meetings, record keeping, etc.
- Reevaluate needs for speech therapy as required.
- Provide at least one staff in-service on swallowing issues or other speech/language/cognitive related issues annually.
- Other duties as assigned.

**Qualifications:**
- Master's Degree in speech therapy
- Speech therapy license from the California Medical Board
- Minimum of one-year experience working with the frail or disabled elderly, or chronically ill
- Experience working in a multidisciplinary team is preferred
• Understand and respond to a diverse population
• Ability to maintain confidential and sensitive information

**Working Environment:**
Must be able to safely perform all physical and manual movements needed for job functions. Must be able to carry out job instructions promptly and willingly, and to follow established procedures accurately. And, must be flexible, positive and cooperative in solving problems and working with other staff in constantly changing and sometimes stressful circumstances.

**Physical Demands:**
Speech Therapist must be able to move around the facility as well as sit at a workstation. Lifting up to 10 lbs. occurs about half the time, while up to and above 25 lbs. Occurs only occasionally.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to stand and talk or hear. The employee is frequently required to walk; use hands to finger, handle, or feel; and reach forward with hands and arms. The employee is occasionally required to sit and stoop, kneel, or crouch. The employee must frequently lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

I have read the above and understand my duties and responsibilities as a Speech Therapist.

_________________________________________ Date:______________
Signature

_________________________________________
Print Name