



**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF WORKFORCE PLANNING  
QUALIFICATIONS ASSESSMENT FOR:**

**TEACHER, EMOTIONALLY/LEARNING HANDICAPPED, CORRECTIONAL FACILITY (CF)**

**GENERAL INSTRUCTIONS**

**Read instructions carefully**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for Teacher, Emotionally/Learning Handicapped, CF, with the California Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be merged onto an eligible list. The list will be used by CDCR facilities statewide to fill existing positions. A "Conditions of Employment" form is included in this examination which will allow you to select the location and time bases you are interested in working. It is required that you personally complete this examination accurately and without assistance.

This process is the entire examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

1. Additional instructions are provided on the following pages.
2. This single examination enables you to apply for the Teacher, Emotionally/Learning Handicapped, CF classification listed above. If successful, your name will be placed on an eligible list.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for Teacher, Emotionally/Learning Handicapped Correctional Facility, CF. You must ensure you have addressed each of the following areas:

- Candidate Information (page 2)
- Montoya Act/Felony Conviction Disclosure (page 2)
- Prior State Employment Information (page 2)
- Conditions of Employment (page 3 and 4)
- Address or Availability for Employment Changes (page 5)
- Minimum Qualifications (page 5)
- Specific Classification Interest and Required Credential Information (page 6)
- Non-credentialed Teaching Experience (page 6)
- Employment History (page 7)
- Job Requirements (page 8)
- Work Experience (page 9)
- Knowledge, Skill and Ability Assessment (page 10)
- Specific Work Experience (page 11)
- Preparation for Hiring Interview (page 12)
- Recruitment Questionnaire (page 12)
- Qualifications Assessment return and mailing procedures (page 12)
- Affirmation Statement (page 13)

**YOUR COMPLETED QUALIFICATIONS ASSESSMENT MUST INCLUDE YOUR ORIGINAL SIGNATURE.**

**CANDIDATE INFORMATION**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MONTOYA ACT/FELONY CONVICTION DISCLOSURE**

Pursuant to the Montoya School Safety Act of 1997, all persons offered employment with the California Department of Corrections and Rehabilitation, Division of Juvenile Justice, Education Services Branch shall undergo a thorough background investigation prior to appointment. Pursuant to Education Code Section 45122 and Penal Code Sections 677 and 1192, **“No person who has been convicted of a violent or serious felony shall be employed by a school district.”**

To review the Education Code Section 45122, you can go to the following website:

<http://caselaw.lp.findlaw.com/cacodes/edc/45100-45139.html>

To review the Penal Code Section 667.5, subsection (c) for a listing of violent felony offenses, you can go to the following website:

<http://caselaw.lp.findlaw.com/cacodes/pen/654-678.html>

To review the Penal Code Section 1192.7, subsection (c) for a listing of serious felony offenses, you can go to the following website:

<http://caselaw.lp.findlaw.com/cacodes/pen/1191-1210.5.html>

Have you ever been convicted of a violent or serious felony?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**PRIOR STATE EMPLOYMENT INFORMATION**

Complete this next section **ONLY** if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU**, please mark the “Not Applicable” box below and continue to the next section.

State Personnel Board, Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
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**CONDITIONS OF EMPLOYMENT FORM FOR CDCR ADULT AND YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

Note: Positions are not available at all locations. Please refer to the official examination bulletin for information regarding current available positions and their locations.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

- (D) Permanent Full-Time     (R) Permanent Part-Time     (K) Limited-Term Full-Time     (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**LOCATION(S) YOU ARE WILLING TO WORK**

- 5 **ANYWHERE IN THE STATE – If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

- 7238 **UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 0802 <b>Pelican Bay State Prison</b><br>Crescent City, Del Norte County | <input type="checkbox"/> 1802 <b>California Correctional Center</b><br>Susanville, Lassen County | <input type="checkbox"/> 1805 <b>High Desert State Prison</b><br>Susanville, Lassen County |
|--|--|--|

- 7231 **NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 0309 <b>Mule Creek State Prison</b><br>Ione, Amador County                           | <input type="checkbox"/> 3423 <b>CSP, Sacramento</b><br>Represa, Sacramento County                     | <input type="checkbox"/> 3908 <b>O.H. Close YCF</b><br>Stockton, San Joaquin County                  |
| <input type="checkbox"/> 2102 <b>CSP, San Quentin</b><br>San Quentin, Marin County                            | <input type="checkbox"/> 3901 <b>Deuel Vocational Institution</b><br>Tracy, San Joaquin County         | <input type="checkbox"/> 3917 <b>N.A. Chaderjian YCF</b><br>Stockton, San Joaquin County             |
| <input type="checkbox"/> 3400 <b>Headquarters</b><br>Sacramento, Sacramento County                            | <input type="checkbox"/> 4804 <b>California Medical Facility</b><br>Vacaville, Solano County           | <input type="checkbox"/> 3907 <b>Northern California YCC</b><br>Stockton, San Joaquin County         |
| <input type="checkbox"/> 3404 <b>Folsom State Prison</b><br>Represa, Sacramento County                        | <input type="checkbox"/> 4811 <b>CSP, Solano</b><br>Vacaville, Solano County                           | <input type="checkbox"/> 0311 <b>Pine Grove Youth Conservation Camp</b><br>Pine Grove, Amador County |
| <input type="checkbox"/> 3417 <b>Richard A. McGee Correctional Training Center</b><br>Galt, Sacramento County | <input type="checkbox"/> 5505 <b>Sierra Conservation Center</b><br>Jamestown, Tuolumne County          |  |
| <input type="checkbox"/> 3914 <b>California Health Care Facility</b><br>Stockton, San Joaquin County          | <input type="checkbox"/> 3432 <b>Folsom Women's Facility, Sacramento</b><br>Represa, Sacramento County |  |

**YOUTH FACILITIES:**

- 7232 **CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- |  |  |
|--|--|
| <input type="checkbox"/> 1015 <b>Pleasant Valley State Prison</b><br>Coalinga, Fresno County               | <input type="checkbox"/> 2003 <b>Central California Women's Facility</b><br>Chowchilla, Madera County        |
| <input type="checkbox"/> 1513 <b>Wasco State Prison Reception Center</b><br>Wasco, Kern County             | <input type="checkbox"/> 2004 <b>Valley State Prison</b><br>Chowchilla, Madera County                        |
| <input type="checkbox"/> 1514 <b>North Kern State Prison</b><br>Delano, Kern County                        | <input type="checkbox"/> 2701 <b>Correctional Training Facility</b><br>Soledad, Monterey County              |
| <input type="checkbox"/> 1522 <b>Kern Valley State Prison</b><br>Delano, Kern County                       | <input type="checkbox"/> 2708 <b>Salinas Valley State Prison</b><br>Soledad, Monterey County                 |
| <input type="checkbox"/> 1605 <b>Avenal State Prison</b><br>Avenal, Kings County                           | <input type="checkbox"/> 4005 <b>California Men's Colony</b><br>San Luis Obispo, San Luis Obispo County      |
| <input type="checkbox"/> 1606 <b>CSP, Corcoran</b><br>Corcoran, Kings County                               | <input type="checkbox"/> 1608 <b>California Substance Abuse Treatment Facility</b><br>Corcoran, Kings County |
| <input type="checkbox"/> 1523 <b>California City Correctional Facility</b><br>California City, Kern County |  |

**CONDITIONS OF EMPLOYMENT FORM FOR CDCR ADULT AND YOUTH FACILITY LISTING ONLY  
(CONTINUED)**

7233 **SOUTHERN REGION** – *If this box is marked, no further selection is necessary.*

**ADULT FACILITIES:**

**YOUTH FACILITIES:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1307 <b>Calipatria State Prison</b><br>Calipatria, Imperial County (North) | <input type="checkbox"/> 3313 <b>Chuckawalla Valley State Prison</b><br>Blythe, Riverside County                             | <input type="checkbox"/> 5610 <b>Ventura YCF</b><br>Camarillo, Ventura County |
| <input type="checkbox"/> 1308 <b>Centinela State Prison</b><br>Imperial, Imperial County (South)    | <input type="checkbox"/> 3329 <b>Ironwood State Prison</b><br>Blythe, Riverside County                                       |   |
| <input type="checkbox"/> 1503 <b>California Correctional Institution</b><br>Tehachapi, Kern County  | <input type="checkbox"/> 3612 <b>California Institution for Men</b><br>Chino, San Bernardino County                          |   |
| <input type="checkbox"/> 1995 <b>CSP, Los Angeles</b><br>Lancaster, Los Angeles County              | <input type="checkbox"/> 3613 <b>California Institution for Women</b><br>Corona, San Bernardino County                       |   |
| <input type="checkbox"/> 3310 <b>California Rehabilitation Center</b><br>Norco, Riverside County    | <input type="checkbox"/> 3715 <b>R. J. Donovan Correctional Facility<br/>at Rock Mountain</b><br>San Diego, San Diego County |   |

## ADDRESS OR AVAILABILITY FOR EMPLOYMENT CHANGES

Please notify the California Department of Corrections and Rehabilitation (CDCR) promptly of any address changes or availability for employment changes at the following address:

California Department of Corrections and Rehabilitation  
Human Resources  
Office of Workforce Planning  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Certification Unit

## MINIMUM QUALIFICATIONS

### TEACHER (EMOTIONALLY/LEARNING HANDICAPPED), CORRECTIONAL FACILITY (CF)

#### MINIMUM QUALIFICATIONS

All applicants must possess a valid California Teaching Credential issued by the California Commission on Teacher Credentialing (formerly known as Commission on Teacher Credentialing).. Applicants who do not possess the required credential or one of equivalent authorization may take the examinations but must have on file with the California Commission on Teacher Credentialing (formerly known as Commission on Teacher Credentialing) an application for an appropriate credential. At the time of application for the examination, applicants must present written verification that the appropriate listed credential or its' equivalent is being processed or will be authorized.

No appointments will be made to permanent positions with an Emergency Credential. After issuance, the credential is the responsibility of the holder and must be maintained by completion of any California Commission on Teacher Credentialing (formerly known as Commission on Teacher Credentialing) requirements.

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#### TEACHER, EMOTIONALLY/LEARNING HANDICAPPED, CF

Possession of a basic teaching credential;

And

Possession of one of the following credentials:

1. Education Specialist Instruction Credential for Mild/Moderate Disabilities, Or
2. Special Education Specialist Instruction Credential for the Learning Handicapped, Or
3. Standard Teaching Credential with the Minor for Teaching Mentally Retarded, Or
4. Restricted Special Education Credential for Teaching Educable Mentally Retarded, Or
5. Limited Specialized Preparation Credential for Teaching Mentally Retarded, Or
6. A Special Secondary Credential for the Mentally Retarded, Or
7. Exceptional Children Credential for the Mentally Retarded

**SPECIFIC CLASSIFICATION INTEREST AND REQUIRED CREDENTIAL INFORMATION**

Please indicate if you possess or have applied for the required credential for Teacher, Emotionally/Learning Handicapped, CF. You must also indicate the credential number and expiration date or the application number and date you applied for the credential. If you have attained a Crosscultural, Language and Academic Development (CLAD) certification, you must check the CLAD certification box.

**Teacher, Emotionally/Learning Handicapped, CF**

**Requirements:**

Basic teaching credential

**And**

One of the following credentials:

- 1. Education Specialist Instruction Credential for Mild/Moderate Disabilities, Or
- 2. Special Education Specialist Instruction for the Learning Handicapped, Or
- 3. Standard Teaching Credential with the Minor for Teaching Mentally Retarded, Or
- 4. Restricted Special Education Credential for Teaching Educable Mentally Retarded, Or
- 5. Limited Specialized Preparation Credential for Teaching Mentally Retarded, Or
- 6. A Special Secondary Credential for the Mentally Retarded; Or
- 7. Exceptional Children Credential for the Mentally Retarded

I possess the required Preliminary Credential from the California Commission on Teacher Credentialing (formerly known as Commission on Teacher Credentialing)

I possess the required Clear Credential from the California Commission on Teacher Credentialing (formerly known as Commission on Teacher Credentialing)

Credential Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2<sup>nd</sup> Credential Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I have applied for the required Preliminary Credential with the California Commission on Teacher Credentialing (formerly known as Commission on Teacher Credentialing)

I have applied for the required Clear with the California Commission on Teacher Credentialing (formerly known as Commission on Teacher Credentialing)

Application Number: \_\_\_\_\_ Date applied: \_\_\_\_\_

I possess the Crosscultural, Language and Academic Development (CLAD) Certificate.

**NON-CREDENTIALLED TEACHING EXPERIENCE**

Please indicate if you have any non-credentialed teaching experience.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how long (full-time equivalent)?

<input type="checkbox"/> Up to 2 years
<input type="checkbox"/> 2 years up to 5 years
<input type="checkbox"/> 5+ years

**EMPLOYMENT HISTORY**

Please supply information regarding your employment history beginning with your most recent job. List each job separately ensuring to include accurate information for the "from/to" dates and hours worked per week.

Job Title/Classification (Include Range or Level): \_\_\_\_\_

Company/State Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

From (m/d/y): \_\_\_\_\_ To (m/d/y): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Total worked (y/m): \_\_\_\_\_ Salary earned: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title/Classification (Include Range or Level): \_\_\_\_\_

Company/State Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

From (m/d/y): \_\_\_\_\_ To (m/d/y): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Total worked (y/m): \_\_\_\_\_ Salary earned: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title/Classification (Include Range or Level): \_\_\_\_\_

Company/State Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

From (m/d/y): \_\_\_\_\_ To (m/d/y): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Total worked (y/m): \_\_\_\_\_ Salary earned: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it may be grounds for elimination from the examination process.

1. Willingness to abide by and adhere to safety policies and provisions (e.g., wear personal alarm, carry whistle, wear protective clothing & apparatus, etc.) applicable to specific work assignments.  Yes  No
2. Willingness to comply with annual tuberculosis screening requirements.  Yes  No
3. Willingness to comply with departmental training requirements.  Yes  No
4. Willingness to report dangerous situations/contraband to supervisors and/or custody staff.  Yes  No
5. Willingness to independently supervise youthful offenders/parolees.  Yes  No
6. Willingness to work in a State correctional facility.  Yes  No
7. Willingness to work with youthful offenders/parolees, including some who may be mentally ill, developmentally disabled, potentially dangerous, infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis, and/or sex offenders.  Yes  No
8. Willingness to work around peace officers armed with chemical agents and/or weapons.  Yes  No
9. Willingness to report unethical and/or illegal behavior on the part of departmental staff.  Yes  No
10. Willingness to treat youthful offenders/parolees in a professional, ethical, and tactful manner.  Yes  No
11. Willingness to participate in team meetings, committees, special projects, etc. as required and/or assigned by your supervisor/manager.  Yes  No
12. Willingness to have and maintain sufficient strength, agility, and endurance to perform during stressful situation encountered on the job.  Yes  No
13. Willingness to carry equipment and materials weighing a minimum of 25 pounds.  Yes  No
14. Willingness to work overtime and on-call hours as required.  Yes  No
15. Willingness to participate in continuing education specific to your work assignment.  Yes  No
16. Willingness to maintain your professional license in good standing (i.e., teaching credential).  Yes  No

**WORK EXPERIENCE**

Under "Work Experience," for items #1 - #20, please indicate	Frequency				Length of Experience		
	Performed task within last 24 months	Daily	Weekly	Monthly/Quarterly	Never	60+ months	24 to 59 months
<p><b>Frequency:</b>                      A. If you have performed this task within the last 24 months                      B. How often you perform this task                      (Please select <u>one</u> box from "Daily," "Weekly," "Monthly/Quarterly," or "Never" columns.)</p> <p style="text-align: center;"><b>AND</b></p> <p><b>Length of Experience:</b>                      A. Select the appropriate box that best describes your months (length) of work experience for each of the following tasks. Only count actual months worked. If counting substitute teaching experience, please convert working days to full-time month's equivalent.                      (Please select <u>one</u> box from the "Length of Experience" column.)</p> <p><b>NOTE: There should be a maximum of <u>three</u> (3) checkmarks for each question.</b></p>							
1. Engage students in activities (e.g., direct instruction, distance learning, independent study, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Prepare course of study, units of instruction and daily lesson plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Manage student records/timekeeping documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Supervise the conduct of students while in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assign and supervise coursework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct assessments and testing for students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Evaluate student performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Monitor classroom supplies, materials and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Advise students as to their progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Prepare reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Obtain students' educational documentation (e.g., high school transcripts, Individual Educational Plan, GED certificates, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Modify individual student's basic course of study to address individual needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Instruct students in the use of educational materials, resources, and technologies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Provide educational services in an alternative setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Participate as a member of multi-disciplinary team meetings (i.e., Individual Education Plan-IEP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Participate in training workshops, conferences, faculty meetings and seminars.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Participate in education program evaluations as part of a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Obtain price estimates for ordering supplies, equipment and material essential to the classroom/curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Participate in additional educational programs (e.g., graduation ceremonies, committees, literacy programs, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Develop and/or facilitate workshops, conferences, staff development, faculty meetings or seminars.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT

For items #1 - #18, please rate your Knowledge, Skill, or Ability (KSA) by indicating the box that best describes your level of the KSA for each of the following areas.

**Definition of Levels:**

**Extensive Knowledge:** I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge and have applied it to an actual job.

**Limited Knowledge, Skill, or Ability:** I have limited education or training relevant to this KSA, but have not applied it to an actual job.

**No Knowledge, Skill, or Ability:** I have no experience, education or training relevant to this KSA.

		KSA Level		
		Extensive Knowledge, Skill or Ability	Limited Knowledge, Skill or Ability	No Knowledge, Skill or Ability
1.	Principles and methods of teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Principles of educational psychology as applied to teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Current trends in educational methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Remedial teaching techniques and adapting instruction for student's deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Emotional problems of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Provide effective leadership and motivation to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Teach students to develop academic goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Work effectively with other subject matter experts to teach techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Successfully gain the interest, respect, and cooperation of student with specific teaching methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Effectively develop socially acceptable attitudes in students by modeling acceptance for cultural, racial, and individual differences for students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Communicate effectively and respectfully to promote a positive work environment among staff, students, administration, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Analyze situations accurately and take effective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have and maintain sufficient strength, agility, and endurance to perform teaching duties and other duties, as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Actively participate in group-oriented treatment programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Consistently maintain an empathetic and objective understanding of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Effectively demonstrate teaching ability to maximize use of expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Continuously possess emotional stability necessary to establish and maintain a standard for student behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Continuously demonstrate tact, patience, open-mindedness, and high moral standards valuing students' diverse backgrounds, interests, developmental and educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPECIFIC WORK EXPERIENCE**

Under "Specific Work Experience," for items #1 - #14, please indicate	Frequency				Length of Experience			
	Performed task within last 24 months	Daily	Weekly	Monthly/Quarterly	Never	60+ months	24 to 59 months	0 to 23 months
<p><b>Frequency:</b>                      A. If you have performed this task within the last 24 months                      B. How often you perform this task                      (Please select <u>one</u> box from "Daily," "Weekly," "Monthly/Quarterly," or "Never" columns.)</p> <p style="text-align: center;"><b>AND</b></p> <p><b>Length of Experience:</b>                      A. Select the appropriate box that best describes your months (length) of work experience for each of the following tasks. Only count actual months worked. If counting substitute teaching experience, please convert working days to full-time month's equivalent.                      (Please select <u>one</u> box from the "Length of Experience" column.)</p> <p><b>NOTE: There should be <u>three</u> (3) checkmarks for each question.</b></p>								
1. Use the required assessments identified by the district/school for Individual Education Plan (IEP) development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assess student's present level of performance and identify needed goals and objectives based on the assessment outcomes as required for IEP development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assess student's need for modifications (e.g., fewer questions on a test, additional time for a test, etc.) as required for IEP development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assess student's need for accommodations (e.g., frequent breaks during un-timed testing, allowing student to demonstrate mastery in lieu of written test, etc.) as required for IEP development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Develop student's IEP goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Participate in IEP team meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Implement and monitor goals and objectives from student's IEPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Utilize appropriate accommodations to meet student's learning needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Instruct students using different modalities (visual, auditory, kinesthetic, spoken and written word) to address student-learning styles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Provide individual and group instruction based on student needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Work with classroom teachers to provide student's access to core curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Review student progress and make adjustments, as necessary, in the delivery of educational instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Work with interagency/interdisciplinary representatives for the development of transition goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Use various interest inventories to facilitate transition planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PREPARATION FOR HIRING INTERVIEW**

If you are successful in this examination and called for a hiring interview, you will be asked to supply transcripts of your college course work, proof of degree(s) received, credential and/or any registration that may be applicable. In addition, you may be asked to supply supplemental documentation to verify your responses in this examination. It is strongly recommended that you assemble these documents in advance to expedite the process.

**RECRUITMENT QUESTIONNAIRE**

This question is not part of the examination but is for the hiring authority’s information.

**HOW DID YOU HEAR ABOUT THIS EXAMINATION?**

Check the appropriate box below.

- Newspaper/Magazine Advertisement
- Internet
- California Department of Corrections and Rehabilitation employee
- Recruitment Mailing
- College/School
- Job Fair/Career Fair
- Other: \_\_\_\_\_

**QUALIFICATIONS ASSESSMENT RETURN AND MAILING PROCEDURES**

**Do not attach any additional documents** to this Qualifications Assessment or send any forms/documents in advance as additional documents will not be rated. This Qualifications Assessment will account for 100% of the weight of your examination for this classification.

**Mail Completed Qualifications Assessment to:**

Department of Corrections and Rehabilitation  
Office of Workforce Planning  
P.O. Box 942883  
Sacramento, CA 94283-0001

or

**Deliver in Person to:**

Department of Corrections and Rehabilitation  
1515 S Street  
Sacramento, CA 95811-7243  
Attn: Office of Workforce Planning, 101N

**NOTE:**

- Candidates must submit a Qualifications Assessment in order to participate in the examination.
- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.

**AFFIRMATION STATEMENT**

**THIS AFFIRMATION MUST BE COMPLETED**

I hereby certify that the information provided on this Qualifications Assessment Questionnaire is true and correct to the best of my knowledge and contains no willful misrepresentations or falsifications. I also understand that if it is later discovered that I have made any false representations, I may be removed from the examination and/or the eligible list resulting from this examination, have adverse action taken against me which could result in loss of State employment, and/or suffer loss of right to compete in any future State examinations.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS COMPLETES THE EXAMINATION.**