TEACHER, EMOTIONALLY/LEARNING HANDICAPPED, CORRECTIONAL FACILITY (CF)
Qualifications Assessment

Department of Corrections and Rehabilitation

Departmental Open Examination
Final Filing Date: Continuous

EXAMINATION INFORMATION

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the Teacher, Emotionally/Learning Handicapped, CF classification 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 placed on an eligible list for the classification listed above. The list will be used to fill positions statewide with CDCR. A “Conditions of Employment” section is included in this examination which will allow you to select the time bases and location(s) you are interested in working. Please print out, personally complete, and sign this examination form.

Read the instructions below carefully before completing the assessment. Failure to do so may result in an inability to process your assessment and disqualification from this examination.

AFFIRMATION STATEMENT

I hereby certify that the information provided on this Qualifications Assessment 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): ____________________________________________
Address: __________________________________________________
City/State/Zip Code: _______________________________________
Home Telephone Number: ___________________________________
Work Telephone Number: ____________________________________
Signature: __________________________________________________
Date: ______________________________________________________
FILING INSTRUCTIONS

All applicants must complete and submit the following examination materials:

- Examination Application (STD. 678)
- Qualifications Assessment

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

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

If you are personally delivering your application and Qualifications Assessment, you must do so between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, to the street address listed above.

NOTE:
- All examination materials must have original signatures.
- Be sure your envelope has adequate postage if submitting via mail.
- Faxed or emailed copies will NOT be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.

GENERAL INSTRUCTIONS

This Qualifications Assessment is the sole component of the examination. To obtain a position on the eligible list, a minimum score of 70% must be achieved. Therefore, please be sure to review and follow all instructions carefully as missing or incomplete information may result in disqualification or a lower score.

This examination is comprised of the following areas:

- Affirmation Statement (page 1)
- Filing Instructions / General Instructions (page 2)
- Montoya Act / Prior State Employment / Conditions of Employment (pages 3 - 4)
- Address or Employment Changes / Required Credential Information (page 5)
- Knowledge, Skill, or Ability Assessment (pages 6 - 8)
- Work Experience Assessment (pages 9 - 18)
- Recruitment Questionnaire (pages 19-20)

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the eligible list / certification list
- Loss of State employment
- Loss of rights to compete in any future state examinations
MONTOYA ACT / FELONY CONVICTION DISCLOSURE

Pursuant to the Montoya School Safety Act of 1997, all persons offered employment with the CDCR’s Division of Juvenile Justice, Education Services Branch, shall undergo a thorough background investigation prior to appointment. Pursuant to the Education Code Section 45122 and Penal Code Sections 667 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 45122.1 you can go to the following website:

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

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

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

☐ YES  ☐ 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 skip this question.

Do you have written permission from the California Department of Human Resources (CalHR) to take this examination?

☐ YES  ☐ NO

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.

CONDITIONS OF EMPLOYMENT

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies Statewide according to the conditions you specify on this form.

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

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

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

### NORTHERN REGION

- 0100 – Alameda County
- 0200 – Alpine County
- 0300 – Amador County
  - Mule Creek State Prison
  - Pine Grove Youth Conservation Camp
- 0400 – Butte County
- 0500 – Calaveras County
- 0600 – Colusa County
- 0700 – Contra Costa County
- 0800 – Del Norte County
  - Pelican Bay State Prison
- 0900 – El Dorado County
- 1100 – Glenn County
- 1200 – Humboldt County
- 1700 – Lake County
- 1800 – Lassen County
  - California Correctional Center
  - High Desert State Prison
- 2100 – Marin County
  - CSP, San Quentin
- 2300 – Mendocino County
- 2500 – Modoc County
- 2800 – Napa County
- 2900 – Nevada County
- 3100 – Placer County
- 3200 – Plumas County
- 3400 – Sacramento County
  - CSP, Sacramento
  - Folsom State Prison
  - Richard A. McGee Correctional Training Center
- 3800 – San Francisco County
- 3900 – San Joaquin County
  - Deuel Vocational Institute
  - California Health Care Facility
  - O.H. Close YCF
  - N.A. Chaderjian YCF
  - Northern California YCC
- 4100 – San Mateo County
- 4500 – Shasta County
- 4600 – Sierra County
- 4700 – Siskiyou County
- 4800 – Solano County
  - California Medical Facility
  - CSP, Solano
- 4900 – Sonoma County
- 5100 – Sutter County
- 5200 – Tehama County
- 5300 – Trinity County
- 5500 – Tuolumne County
  - Sierra Conservation Center
- 5700 – Yolo County
- 5800 – Yuba County

### CENTRAL REGION

- 1000 – Fresno County
  - Pleasant Valley State Prison
- 1400 – Inyo County
- 1500 – Kern County
  - California City Correctional Facility
  - California Correctional Institution
  - Kern Valley State Prison
  - North Kern State Prison
  - Wasco State Prison
- 1600 – Kings County
  - Avenal State Prison
  - CSP, Corcoran
  - CA Substance Abuse Treatment Facility
- 2000 – Madera County
  - Central California Women’s Facility
  - Valley State Prison
- 2200 – Mariposa County
- 2400 – Merced County
- 2600 – Mono County
- 2700 – Monterey County
  - Correctional Training Facility
  - Salinas Valley State Prison
- 3500 – San Benito County
- 4000 – San Luis Obispo County
  - California Men’s Colony
- 4300 – Santa Clara County
- 4400 – Santa Cruz County
- 5000 – Stanislaus County
- 5400 – Tulare County

### SOUTHERN REGION

- 1300 – Imperial County
  - Calipatria State Prison
  - CSP, Centinela
- 1900 – Los Angeles County
  - CSP, Los Angeles County
- 3000 – Orange County
- 3300 – Riverside County
  - California Rehabilitation Center
  - Chuckawalla Valley State Prison
  - Ironwood State Prison
- 3600 – San Bernardino County
  - California Institution for Men
  - California Institution for Women
- 3700 – San Diego County
  - RJ Donovan Correctional Facility
- 4200 – Santa Barbara County
- 5600 – Ventura County
  - Ventura YCF
ADDRESS OR EMPLOYMENT CHANGES

After list release, successful candidates may update any address and/or availability for employment preference information by accessing their CalCareer Account (www.jobs.ca.gov) on the California Department of Human Resources (CalHR) website or by notifying CDCR at the following address:

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

REQUIRED CREDENTIAL INFORMATION

Please indicate if you possess or have applied for the required credential for this Teacher classification. 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.

Requirements:

☐ I possess the required Preliminary/Clear Credential from the California Commission on Teacher Credentialing.

  Credential Number: ____________________________  Expiration Date: ____________________________

  2nd Credential Number: ____________________________  Expiration Date: ____________________________

☐ I have applied for the required Preliminary/Clear Credential with the California Commission on Teacher Credentialing.

  Application Number: ____________________________  Date Applied: ____________________________

☐ Crosscultural, Language and Academic Development Certificate

Please mark the appropriate credential(s) you possess:

☐ Basic Teaching Credential

☐ Education Specialist Instruction Credential for Mild/Moderate Disabilities

☐ Special Education Specialist Instruction for the Learning Handicapped

☐ Standard Teaching Credential with the Minor for Teaching Mentally Retarded

☐ Restricted Special Education Credential for Teaching Educable Mentally Retarded

☐ Limited Specialized Preparation Credential for Teaching Mentally Retarded

☐ A Special Secondary Credential for the Mentally Retarded

☐ Exceptional Children Credential for the Mentally Retarded
KNOWLEDGE, SKILL, OR ABILITY (KSA) ASSESSMENT

Rate your knowledge, skill, or ability performing specific job-related actions, using the rating scale below.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for the scale provided. Responses may not be changed or added once submitted to the Office of Workforce Planning. Missing responses will result in a lower score.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and/or WORK EXPERIENCE whether paid or not paid.

SCALE - KNOWLEDGE, SKILL, OR ABILITY RELATED TO THIS STATEMENT

Extensive Knowledge, Skill, or Ability
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.

1. Principles and methods of teaching.
   Knowledge, Skill, or Ability related to performing this action
   - Extensive Knowledge, Skill, or Ability
   - Limited Knowledge, Skill, or Ability
   - No Knowledge, Skill, or Ability

2. Principles of educational psychology as applied to teaching.
   Knowledge, Skill, or Ability related to performing this action
   - Extensive Knowledge, Skill, or Ability
   - Limited Knowledge, Skill, or Ability
   - No Knowledge, Skill, or Ability

   Knowledge, Skill, or Ability related to performing this action
   - Extensive Knowledge, Skill, or Ability
   - Limited Knowledge, Skill, or Ability
   - No Knowledge, Skill, or Ability

4. Remedial teaching techniques and adapting instruction for student’s deficiencies.
   Knowledge, Skill, or Ability related to performing this action
   - Extensive Knowledge, Skill, or Ability
   - Limited Knowledge, Skill, or Ability
   - No Knowledge, Skill, or Ability
5. Emotional problems of students.

Knowledge, Skill, or Ability related to performing this action
☐ Extensive Knowledge, Skill, or Ability
☐ Limited Knowledge, Skill, or Ability
☐ No Knowledge, Skill, or Ability

6. Provide effective leadership and motivation to students.

Knowledge, Skill, or Ability related to performing this action
☐ Extensive Knowledge, Skill, or Ability
☐ Limited Knowledge, Skill, or Ability
☐ No Knowledge, Skill, or Ability

7. Teach students to develop academic goals and objectives.

Knowledge, Skill, or Ability related to performing this action
☐ Extensive Knowledge, Skill, or Ability
☐ Limited Knowledge, Skill, or Ability
☐ No Knowledge, Skill, or Ability

8. Work effectively with other subject matter experts to teach techniques.

Knowledge, Skill, or Ability related to performing this action
☐ Extensive Knowledge, Skill, or Ability
☐ Limited Knowledge, Skill, or Ability
☐ No Knowledge, Skill, or Ability

9. Successfully gain the interest, respect, and cooperation of student with specific teaching methods.

Knowledge, Skill, or Ability related to performing this action
☐ Extensive Knowledge, Skill, or Ability
☐ Limited Knowledge, Skill, or Ability
☐ No Knowledge, Skill, or Ability

10. Effectively develop socially acceptable attitudes in students by modeling acceptance for cultural, racial, and individual differences for students.

Knowledge, Skill, or Ability related to performing this action
☐ Extensive Knowledge, Skill, or Ability
☐ Limited Knowledge, Skill, or Ability
☐ No Knowledge, Skill, or Ability

11. Communicate effectively and respectfully to promote a positive work environment among staff, students, administration, and the public.

Knowledge, Skill, or Ability related to performing this action
☐ Extensive Knowledge, Skill, or Ability
☐ Limited Knowledge, Skill, or Ability
☐ No Knowledge, Skill, or Ability
12. Analyze situations accurately and take effective action.

**Knowledge, Skill, or Ability related to performing this action**
- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

13. Have and maintain sufficient strength, agility, and endurance to perform teaching duties and other duties, as required.

**Knowledge, Skill, or Ability related to performing this action**
- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

14. Actively participate in group-oriented treatment programs.

**Knowledge, Skill, or Ability related to performing this action**
- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

15. Consistently maintain an empathetic and objective understanding of students.

**Knowledge, Skill, or Ability related to performing this action**
- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

16. Effectively demonstrate teaching ability to maximize use of expertise.

**Knowledge, Skill, or Ability related to performing this action**
- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

17. Continuously possess emotional stability necessary to establish and maintain a standard for student behavior.

**Knowledge, Skill, or Ability related to performing this action**
- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

18. Continuously demonstrate tact, patience, open-mindedness, and high moral standards valuing students’ diverse backgrounds, interests, developmental and educational needs.

**Knowledge, Skill, or Ability related to performing this action**
- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

CONTINUE TO THE WORK EXPERIENCE ASSESSMENT
WORK EXPERIENCE ASSESSMENT

Rate your experience performing specific job-related actions, using the rating scale below.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for each of the three scales provided. Responses may not be changed or added once submitted to the Office of Workforce Planning. Missing responses will result in a lower score.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and/or WORK EXPERIENCE whether paid or not paid.

SCALES - EXPERIENCE RELATED TO PERFORMING THIS ACTION

FREQUENCY

1 - Performed this action within the last 24 months
Check “yes” if you have performed this action within the last 24 months and check “no” if you have not

2 - How often you performed this action
Daily, Weekly, Monthly/Quarterly, Never

LENGTH OF EXPERIENCE

3 - How many months you performed this action
60+ months, 25 to 59 months, 1 to 24 months, Never

NOTE: There should be three (3) checkmarks for each question.

1. Engage students in activities (e.g., direct instruction, distance learning, independent study, etc.).

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

2. Prepare course of study, units of instruction and daily lesson plans.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never
3. Manage student records/timekeeping documents.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

4. Supervise the conduct of students while in the classroom.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

5. Assign and supervise coursework.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

6. Conduct assessments and testing for students.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never
7. Evaluate student performance.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

8. Monitor classroom supplies, materials and equipment.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

9. Advise students as to their progress.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

10. Prepare reports.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never
11. Obtain students’ educational documentation (e.g., high school transcripts, Individual Educational Plan, GED certificates, etc.).

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<th>1 - Performed this action within the last 24 months</th>
<th>2 - How often you performed this action</th>
<th>3 - How many months you performed this action</th>
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<tr>
<td>☐ Yes</td>
<td>☐ Daily</td>
<td>☐ 60+ months</td>
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12. Modify individual student’s basic course of study to address individual needs.

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<td>☐ Weekly</td>
<td>☐ 25 to 59 months</td>
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13. Instruct students in the use of educational materials, resources, and technologies.

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14. Provide educational services in an alternative setting.

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</table>
15. Participate as a member of multi-disciplinary team meetings (i.e., Individual Education Plan-IEP).

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

16. Participate in training workshops, conferences, faculty meetings and seminars.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

17. Participate in education program evaluations as part of a team.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

18. Obtain price estimates for ordering supplies, equipment and material essential to the classroom/curriculum.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never
19. Participate in additional educational programs (e.g., graduation ceremonies, committees, literacy programs, etc.).

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<td>Daily</td>
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<tr>
<td>3.</td>
<td>How many months you performed this action</td>
<td>60+ months</td>
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20. Develop and/or facilitate workshops, conferences, staff development, faculty meetings or seminars.

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<td>How often you performed this action</td>
<td>Daily</td>
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<td>3.</td>
<td>How many months you performed this action</td>
<td>60+ months</td>
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21. Use the required assessments identified by the district/school for Individual Education Plan (IEP) development.

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<td>2.</td>
<td>How often you performed this action</td>
<td>Daily</td>
</tr>
<tr>
<td>3.</td>
<td>How many months you performed this action</td>
<td>60+ months</td>
</tr>
</tbody>
</table>

22. Assess student’s present level of performance and identify needed goals and objectives based on the assessment outcomes as required for IEP development.

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Perform this action within the last 24 months</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>How often you performed this action</td>
<td>Daily</td>
</tr>
<tr>
<td>3.</td>
<td>How many months you performed this action</td>
<td>60+ months</td>
</tr>
</tbody>
</table>
23. Assess student’s need for modifications (e.g., fewer questions on a test, additional time for a test, etc.) as required for IEP development.

1 - Performed this action within the last 24 months
   ☐ Yes
   ☐ No

2 - How often you performed this action
   ☐ Daily
   ☐ Weekly
   ☐ Monthly/Quarterly
   ☐ Never

3 - How many months you performed this action
   ☐ 60+ months
   ☐ 25 to 59 months
   ☐ 1 to 24 months
   ☐ Never

24. 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.

1 - Performed this action within the last 24 months
   ☐ Yes
   ☐ No

2 - How often you performed this action
   ☐ Daily
   ☐ Weekly
   ☐ Monthly/Quarterly
   ☐ Never

3 - How many months you performed this action
   ☐ 60+ months
   ☐ 25 to 59 months
   ☐ 1 to 24 months
   ☐ Never

25. Develop student’s IEP goals and objectives.

1 - Performed this action within the last 24 months
   ☐ Yes
   ☐ No

2 - How often you performed this action
   ☐ Daily
   ☐ Weekly
   ☐ Monthly/Quarterly
   ☐ Never

3 - How many months you performed this action
   ☐ 60+ months
   ☐ 25 to 59 months
   ☐ 1 to 24 months
   ☐ Never

26. Participate in IEP team meetings.

1 - Performed this action within the last 24 months
   ☐ Yes
   ☐ No

2 - How often you performed this action
   ☐ Daily
   ☐ Weekly
   ☐ Monthly/Quarterly
   ☐ Never

3 - How many months you performed this action
   ☐ 60+ months
   ☐ 25 to 59 months
   ☐ 1 to 24 months
   ☐ Never
27. Implement and monitor goals and objectives from student’s IEPs.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

28. Utilize appropriate accommodations to meet student’s learning needs.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

29. Instruct students using different modalities (visual, auditory, kinesthetic, spoken and written word) to address student-learning styles.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

30. Provide individual and group instruction based on student needs.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never
31. Work with classroom teachers to provide student’s access to core curriculum.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

32. Review student progress and make adjustments, as necessary, in the delivery of educational instruction.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

33. Work with interagency/interdisciplinary representatives for the development of transition goals.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

34. Use various interest inventories to facilitate transition planning.

1 - Performed this action within the last 24 months
☐ Yes
☐ No

2 - How often you performed this action
☐ Daily
☐ Weekly
☐ Monthly/Quarterly
☐ Never

3 - How many months you performed this action
☐ 60+ months
☐ 25 to 59 months
☐ 1 to 24 months
☐ Never

THIS CONCLUDES THE EXAMINATION

REVISION DATE: 10/8/2019 - TB
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RECRUITMENT QUESTIONNAIRE

Applicants are asked to voluntarily provide the information below. The following data will be used for statistical data gathering and reporting purposes. This questionnaire will be separated from the examination and this information will not be used in any employment decisions.

GENDER
☐ Male
☐ Female
☐ Non-binary

RACE AND ETHNICITY
Check one box that best describes your race or ethnicity.

☐ Black or African American
☐ American Indian or Alaska Native
☐ Hispanic or Latino (alone or in combination with any other race)
☐ White
☐ Multiple Races*

ASIAN
☐ Multiple Asian**
☐ Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Laotian
☐ Vietnamese
☐ Other Asian

PACIFIC ISLANDER
☐ Multiple Pacific Islander***
☐ Guamanian
☐ Hawaiian
☐ Samoan
☐ Other Pacific Islander

*If you identify with more than one race that is Non-Hispanic or Latino, select Multiple Races.
**If you identify with more than one Asian ethnicity, select Multiple Asian.
***If you identify with more than one Pacific Islander ethnicity, select Multiple Pacific Islander.

AUTHORITIES
Government Code sections 8310.5, 19705, 19790, 19792(h) and California Code of Regulations, Title 2, sections 599.980, 11013(b) authorize the State of California to collect demographic information on job applicants and exam participants for analysis and statistical purposes.

CONTINUE TO NEXT PAGE TO COMPLETE RECRUITMENT QUESTIONNAIRE
**RECRUITMENT QUESTIONNAIRE**

On behalf of the California Department of Corrections and Rehabilitation, we thank you for participating in this examination. To assist us in our recruitment efforts, please tell us how you heard about this examination.

Please check the appropriate box and, where relevant, specify your answer:

- ☐ Internet ([www.cdcr.ca.gov](http://www.cdcr.ca.gov), [www.jobs.ca.gov](http://www.jobs.ca.gov))
- ☐ Job Fair
- ☐ Friend/Family Member
- ☐ Staffing Agency (Spearhead, Manpower)
- ☐ Career Assistance Centers (e.g., Employment Development Department Career Network, Workforce Center)
- ☐ State Agency (please specify): __________________________________________
- ☐ Military Base (please specify): __________________________________________
- ☐ Local Union (please specify): __________________________________________
- ☐ Other (please specify): ________________________________________________

**California Department of Corrections and Rehabilitation**

- ☐ Flyer
- ☐ Banner
- ☐ Employee
- ☐ Exam Bulletin E-Blast
- ☐ Institution Bulletin Board

**Social Media**

- ☐ Facebook
- ☐ Indeed
- ☐ Monster

**Educational Facility**

- ☐ College
- ☐ Trade School
- ☐ School Association
- ☐ Specialized Training/Certification Program (e.g., Job Corps, Skill Centers, Regional Occupational Programs)
- ☐ Local Apprenticeship Program

**Public Advertisements**

- ☐ Bus
- ☐ Truck
- ☐ Billboard
- ☐ Mobile Ad

**Out of State Resource**

- ☐ Arizona
- ☐ Oregon
- ☐ Nevada