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)
- Work Experience (page 8)
- Knowledge, Skill and Ability Assessment (page 9)
- Specific Work Experience (page 10)
- Preparation for Hiring Interview (page 11)
- Recruitment Questionnaire (page 11)
- Qualifications Assessment return and mailing procedures (page 11)
- Affirmation Statement (page 11)

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:

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

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 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?

□ YES

□ NO

□ NOT APPLICABLE
### 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

- 0005 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

**NOTE:** California State Prison has been abbreviated as “CSP.” Youth Correctional Facility has been abbreviated as “YCF.” Youth Correctional Center has been abbreviated as “YCC.”

#### NORTHERN REGION

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<thead>
<tr>
<th>Region</th>
<th>County</th>
<th>Location</th>
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<tbody>
<tr>
<td>0100</td>
<td>Alameda County</td>
<td>◯ 0200 Alpine County</td>
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<td>0400</td>
<td>Butte County</td>
<td>◯ 0500 Calaveras County</td>
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<td>0700</td>
<td>Contra Costa County</td>
<td>◯ 0800 Del Norte County</td>
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<td>1100</td>
<td>Glenn County</td>
<td>◯ 1200 Humboldt County</td>
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<tr>
<td>1800</td>
<td>Lassen County</td>
<td>◯ 2100 Marin County</td>
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<tr>
<td>2500</td>
<td>Modoc County</td>
<td>◯ 2800 Napa County</td>
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<td>3100</td>
<td>Placer County</td>
<td>◯ 3200 Plumas County</td>
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<tr>
<td>3800</td>
<td>San Francisco County</td>
<td>◯ 3900 San Joaquin County</td>
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<td>4500</td>
<td>Shasta County</td>
<td>◯ 4600 Sierra County</td>
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<td>4800</td>
<td>Solano County</td>
<td>◯ 4900 Sonoma County</td>
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<td>5200</td>
<td>Tehama County</td>
<td>◯ 5300 Trinity County</td>
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<td>5700</td>
<td>Yolo County</td>
<td>◯ 5800 Yuba County</td>
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**Amador County**
- Pine Grove Youth Conservation Camp

**Butte County**
- Pelican Bay State Prison

**Contra Costa County**
- El Dorado County

**Glenn County**
- Lake County

**Lassen County**
- California Correctional Center
- High Desert State Prison

**Marin County**
- CSP, San Quentin

**Modoc County**
- Mendocino County

**Napa County**
- Nevada County

**Placer County**
- Sacramento County
- CSP, Sacramento
- Folsom Women’s Facility
- Richard A. McGee Correctional Training Center

**San Francisco County**
- San Mateo County
- California Health Care Facility
- O.H. Close YCF
- N.A. Chaderjian YCF
- Northern California YCC

**Shasta County**
- Siskiyou County
- California Medical Facility
- CSP, Solano

**Solano County**
- Sonoma County

**Tehama County**
- Trinity County

**Yolo County**
- Tuolumne County
- Sierra Conservation Center

**Sacramento County**
- CSP, Sacramento
- Folsom Women’s Facility
- Richard A. McGee Correctional Training Center

**Amador County**
- Pine Grove Youth Conservation Camp

**Shasta County**
- California Medical Facility
- CSP, Solano

**Solano County**
- Sonoma County

**Tehama County**
- Trinity County

**Yolo County**
- Tuolumne County
- Sierra Conservation Center

**Sacramento County**
- CSP, Sacramento
- Folsom Women’s Facility
- Richard A. McGee Correctional Training Center
### CONDITIONS OF EMPLOYMENT FORM FOR CDCR ADULT AND YOUTH FACILITY LISTING ONLY (CONTINUED)

#### CENTRAL REGION

| □ 1000 | Fresno County  |
| □ 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  |
| □ 2000 | Madera County |
| □ 2200 | Mariposa County |

| □ 2400 | Merced County |
| □ 2600 | Mono County |

| □ 3500 | San Benito County |
| □ 4000 | San Luis Obispo County |

| □ 4400 | Santa Cruz County |
| □ 5000 | Stanislaus County |
| □ 5400 | Tulare County |

#### SOUTHERN REGION

| □ 1300 | Imperial County  |
| □ 1900 | Los Angeles County |
| □ 3000 | Orange County |

| □ 3300 | Riverside County |
| □ 3600 | San Bernardino County |
| □ 3700 | San Diego County |
|         | RJ Donovan Correctional Facility |

| □ 4200 | Santa Barbara County |
| □ 5600 | Ventura County |
|         | Ventura YCF |
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.

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: ______________________ Expired Date: ______________________
2nd Credential Number: ______________________ Expired 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-CREDENTIALED TEACHING EXPERIENCE

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

☐ Yes ☐ No

If yes, how long (full-time equivalent)?

☐ Up to 2 years
☐ 2 years up to 5 years
☐ 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.

<table>
<thead>
<tr>
<th>Job Title/Classification (Include Range or Level):</th>
<th>Company/State Agency Name:</th>
<th>Address:</th>
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<th>From (m/d/y):</th>
<th>To (m/d/y):</th>
<th>Supervisor:</th>
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<tr>
<th>Hours per week:</th>
<th>Total worked (y/m):</th>
<th>Salary earned:</th>
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Duties performed:

Reason for leaving:

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Duties performed:

Reason for leaving:

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<th>Total worked (y/m):</th>
<th>Salary earned:</th>
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Duties performed:

Reason for leaving:
**WORK EXPERIENCE**

Under "Work Experience," for items #1 - #20, please indicate

**Frequency:**
A. If you have performed this task within the last 24 months
B. How often you perform this task
   *(Please select one box from "Daily," "Weekly," "Monthly/Quarterly," or "Never" columns.)*

**Length of Experience:**
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 one box from the “Length of Experience” column.)*

**NOTE:** There should be a maximum of three (3) checkmarks for each question.

<table>
<thead>
<tr>
<th>Performance task within last 24 months</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly/Quarterly</th>
<th>Never</th>
<th>60+ months</th>
<th>24 to 59 months</th>
<th>0 to 23 months</th>
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<tbody>
<tr>
<td>1. Engage students in activities (e.g., direct instruction, distance learning, independent study, etc.).</td>
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<td>2. Prepare course of study, units of instruction and daily lesson plans.</td>
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<td>3. Manage student records/timekeeping documents.</td>
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<td>4. Supervise the conduct of students while in the classroom.</td>
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<td>5. Assign and supervise coursework.</td>
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<td>6. Conduct assessments and testing for students.</td>
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<td>7. Evaluate student performance.</td>
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<td>8. Monitor classroom supplies, materials and equipment.</td>
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<td>9. Advise students as to their progress.</td>
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<td>10. Prepare reports.</td>
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<td>11. Obtain students’ educational documentation (e.g., high school transcripts, Individual Educational Plan, GED certificates, etc.).</td>
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<td>12. Modify individual student’s basic course of study to address individual needs.</td>
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<td>13. Instruct students in the use of educational materials, resources, and technologies.</td>
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<td>14. Provide educational services in an alternative setting.</td>
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<td>15. Participate as a member of multi-disciplinary team meetings (i.e., Individual Education Plan-IEP).</td>
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<td>16. Participate in training workshops, conferences, faculty meetings and seminars.</td>
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<td>17. Participate in education program evaluations as part of a team.</td>
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<td>18. Obtain price estimates for ordering supplies, equipment and material essential to the classroom/curriculum.</td>
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<td>19. Participate in additional educational programs (e.g., graduation ceremonies, committees, literacy programs, etc.).</td>
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<td>20. Develop and/or facilitate workshops, conferences, staff development, faculty meetings or seminars.</td>
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## 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.

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

**Frequency:**
- A. If you have performed this task within the last 24 months
- B. How often you perform this task
  
  (Please select one box from “Daily,” “Weekly,” “Monthly/Quarterly,” or “Never” columns.)

**AND**

**Length of Experience:**
- 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 one box from the “Length of Experience” column.)

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Length of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>Weekly</td>
</tr>
<tr>
<td>Monthly/Quarterly</td>
<td>Never</td>
</tr>
<tr>
<td>60+ months</td>
<td>24 to 59 months</td>
</tr>
<tr>
<td>0 to 23 months</td>
<td></td>
</tr>
</tbody>
</table>

1. Use the required assessments identified by the district/school for Individual Education Plan (IEP) development.
2. Assess student’s present level of performance and identify needed goals and objectives based on the assessment outcomes as required for IEP development.
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.
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.
5. Develop student’s IEP goals and objectives.
6. Participate in IEP team meetings.
7. Implement and monitor goals and objectives from student’s IEPs.
8. Utilize appropriate accommodations to meet student’s learning needs.
9. Instruct students using different modalities (visual, auditory, kinesthetic, spoken and written word) to address student-learning styles.
10. Provide individual and group instruction based on student needs.
11. Work with classroom teachers to provide student’s access to core curriculum.
12. Review student progress and make adjustments, as necessary, in the delivery of educational instruction.
14. Use various interest inventories to facilitate transition planning.
**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: or Deliver in Person to:
Department of Corrections and Rehabilitation
Office of Workforce Planning
P.O. Box 942883
Sacramento, CA 94283-0001

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.