



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, 211S**

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, excluding holidays, on or before the cut-off date 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:

[California Code, Education Code 45122.1](https://codes.findlaw.com/ca/education-code/edc-sect-45122-1.html) (https://codes.findlaw.com/ca/education-code/edc-sect-45122-1.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:

[California Code, Penal Code 667.5](https://codes.findlaw.com/ca/penal-code/pen-sect-667-5.html) (https://codes.findlaw.com/ca/penal-code/pen-sect-667-5.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:

[California Code, Penal Code 1192.7](https://codes.findlaw.com/ca/penal-code/pen-sect-1192-7.html) (https://codes.findlaw.com/ca/penal-code/pen-sect-1192-7.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 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

- | | | |
|---|---|--|
| <input type="checkbox"/> 0100 – Alameda County | <input type="checkbox"/> 2100 – Marin County <ul style="list-style-type: none">• CSP, San Quentin | <input type="checkbox"/> 4100 – San Mateo County |
| <input type="checkbox"/> 0200 – Alpine County | <input type="checkbox"/> 2300 – Mendocino County | <input type="checkbox"/> 4500 – Shasta County |
| <input type="checkbox"/> 0300 – Amador County <ul style="list-style-type: none">• Mule Creek State Prison• Pine Grove Youth Conservation Camp | <input type="checkbox"/> 2500 – Modoc County | <input type="checkbox"/> 4600 – Sierra County |
| <input type="checkbox"/> 0400 – Butte County | <input type="checkbox"/> 2800 – Napa County | <input type="checkbox"/> 4700 – Siskiyou County |
| <input type="checkbox"/> 0500 – Calaveras County | <input type="checkbox"/> 2900 – Nevada County | <input type="checkbox"/> 4800 – Solano County <ul style="list-style-type: none">• California Medical Facility• CSP, Solano |
| <input type="checkbox"/> 0600 – Colusa County | <input type="checkbox"/> 3100 – Placer County | <input type="checkbox"/> 4900 – Sonoma County |
| <input type="checkbox"/> 0700 – Contra Costa County | <input type="checkbox"/> 3200 – Plumas County | <input type="checkbox"/> 5100 – Sutter County |
| <input type="checkbox"/> 0800 – Del Norte County <ul style="list-style-type: none">• Pelican Bay State Prison | <input type="checkbox"/> 3400 – Sacramento County <ul style="list-style-type: none">• CSP, Sacramento• Folsom State Prison• Richard A. McGee Correctional Training Center | <input type="checkbox"/> 5200 – Tehama County |
| <input type="checkbox"/> 0900 – El Dorado County | <input type="checkbox"/> 3800 – San Francisco County | <input type="checkbox"/> 5300 – Trinity County |
| <input type="checkbox"/> 1100 – Glenn County | <input type="checkbox"/> 3900 – San Joaquin County <ul style="list-style-type: none">• Deuel Vocational Institute• California Health Care Facility• O.H. Close YCF• N.A. Chaderjian YCF• Northern California YCC | <input type="checkbox"/> 5500 – Tuolumne County <ul style="list-style-type: none">• Sierra Conservation Center |
| <input type="checkbox"/> 1200 – Humboldt County | | <input type="checkbox"/> 5700 – Yolo County |
| <input type="checkbox"/> 1700 – Lake County | | <input type="checkbox"/> 5800 – Yuba County |
| <input type="checkbox"/> 1800 – Lassen County <ul style="list-style-type: none">• California Correctional Center• High Desert State Prison | | |

CENTRAL REGION

- | | | |
|--|---|---|
| <input type="checkbox"/> 1000 – Fresno County <ul style="list-style-type: none">• Pleasant Valley State Prison | <input type="checkbox"/> 1600 – Kings County <ul style="list-style-type: none">• Avenal State Prison• CSP, Corcoran• CA Substance Abuse Treatment Facility | <input type="checkbox"/> 2700 – Monterey County <ul style="list-style-type: none">• Correctional Training Facility• Salinas Valley State Prison |
| <input type="checkbox"/> 1400 – Inyo County | <input type="checkbox"/> 2000 – Madera County <ul style="list-style-type: none">• Central California Women's Facility• Valley State Prison | <input type="checkbox"/> 3500 – San Benito County |
| <input type="checkbox"/> 1500 – Kern County <ul style="list-style-type: none">• California City Correctional Facility• California Correctional Institution• Kern Valley State Prison• North Kern State Prison• Wasco State Prison | <input type="checkbox"/> 2200 – Mariposa County | <input type="checkbox"/> 4000 – San Luis Obispo County <ul style="list-style-type: none">• California Men's Colony |
| | <input type="checkbox"/> 2400 – Merced County | <input type="checkbox"/> 4300 – Santa Clara County |
| | <input type="checkbox"/> 2600 – Mono County | <input type="checkbox"/> 4400 – Santa Cruz County |
| | | <input type="checkbox"/> 5000 – Stanislaus County |
| | | <input type="checkbox"/> 5400 – Tulare County |

SOUTHERN REGION

- | | | |
|---|--|--|
| <input type="checkbox"/> 1300 – Imperial County <ul style="list-style-type: none">• Calipatria State Prison• CSP, Centinela | <input type="checkbox"/> 3300 – Riverside County <ul style="list-style-type: none">• California Rehabilitation Center• Chuckawalla Valley State Prison• Ironwood State Prison | <input type="checkbox"/> 3700 – San Diego County <ul style="list-style-type: none">• RJ Donovan Correctional Facility |
| <input type="checkbox"/> 1900 – Los Angeles County <ul style="list-style-type: none">• CSP, Los Angeles County | <input type="checkbox"/> 3600 – San Bernardino County <ul style="list-style-type: none">• California Institution for Men• California Institution for Women | <input type="checkbox"/> 4200 – Santa Barbara County |
| <input type="checkbox"/> 3000 – Orange County | | <input type="checkbox"/> 5600 – Ventura County <ul style="list-style-type: none">• 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](http://www.jobs.ca.gov) (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

3. Current trends in educational 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

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.).

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

12. Modify individual student's basic course of study to address individual 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

13. Instruct students in the use of educational materials, resources, and technologies.

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

14. Provide educational services in an alternative setting.

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

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.).

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

20. Develop and/or facilitate workshops, conferences, staff development, faculty meetings or 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

21. Use the required assessments identified by the district/school for Individual Education Plan (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

22. Assess student's present level of performance and identify needed goals and objectives based on the assessment outcomes 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

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: 5/7/2021 - RW

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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.

- | | ASIAN | PACIFIC ISLANDER |
|---|---|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multiple Asian** | <input type="checkbox"/> Multiple Pacific Islander*** |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Indian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Hispanic or Latino (alone or in combination with any other race) | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Multiple Races* | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| | <input type="checkbox"/> Japanese | |
| | <input type="checkbox"/> Korean | |
| | <input type="checkbox"/> Laotian | |
| | <input type="checkbox"/> Vietnamese | |
| | <input type="checkbox"/> Other Asian | |

*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, 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