



Teaching Assistant, School for the Deaf

General Instructions

Thank you for your interest in California State civil service employment. The State of California is an Equal Employment Opportunity employer. The Teaching Assistant, School for the Deaf examination will consist of the attached Qualifications Assessment Questionnaire (QAQ) that will be used to evaluate your experience, education, and training in the areas of assisting in the instruction of students, both on and off campus.

The QAQ is the examination and will account for 100% of your score. It is important that you fill out the QAQ completely. Questions without a response will not be scored. Your responses should be an accurate reflection of your experience, education and training. If you are successful, your name will be placed onto an eligible list for the classification listed above. The list will be used by the California Department of Education School for the Deaf in Fremont and Riverside to fill existing vacancies. It is required that you personally complete this examination accurately and without assistance.

In order to apply for this examination, you must submit an examination application package. Missing information may delay the processing of your examination.

The following documents comprise the examination application package for the Teaching Assistant, School for the Deaf examination:

- Examination/Employment Application (STD. 678): <https://jobs.ca.gov/pdf/std678.pdf>
- Qualifications Assessment Questionnaire and signed Affirmation Statement

PLEASE SUBMIT YOUR COMPLETED EXAMINATION APPLICATION PACKAGE TO:

California Department of Education
Examination and Recruitment Office
1430 N Street, Suite 1802
Sacramento, CA 95814
916-319-0857

Upon receipt of your completed examination application package, documents become confidential information and are the property of the California Department of Education, Examination and Recruitment Office. Please notify this office if you have a change of address.

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

All information provided on the state examination/employment application and QAQ is subject to verification at any time during the examination process and/or hiring process.

Anyone who misrepresents their experience, education, and/or training may be subject to one or more of the following actions:

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

Section I - Minimum Qualifications

Items in this section request information about your minimum qualifications, and will be used to determine your eligibility to compete in this examination. Please answer each of the following questions.

American Sign Language Requirement

Are you proficient in the use of American Sign Language?

Yes No

Education Requirement

Have you completed high school or its equivalent?

Yes No

Section II - Employment History

Please provide your employment history (paid and/or volunteer) as a Teaching Assistant. If you do not provide this information, your examination will not be scored. Your responses are subject to verification. List the names(s) of your employers, beginning with the most recent, where you performed the duties that pertain to the classification of Teaching Assistant. The dates of employment must include the month, day and year that your employment began and ended (i.e., 02/01/2005 – 02/01/2006), and hours you worked per week (i.e., 10, 20, 40, etc.). Ensure that all employers are also listed on your application (STD.678).

Employer A

Employer Name:

Position Title:

Supervisor Name: Phone Number:

Employed From Date: Employed To Date: Hours Worked Per Week:

Employer B

Employer Name:

Position Title:

Supervisor Name: Phone Number:

Employed From Date: Employed To Date: Hours Worked Per Week:

Employer C

Employer Name:

Position Title:

Supervisor Name: Phone Number:

Employed From Date: Employed To Date: Hours Worked Per Week:

Employer D

Employer Name:

Position Title:

Supervisor Name: Phone Number:

Employed From Date: Employed To Date: Hours Worked Per Week:

Section III - Tasks

Instructions

Using the rating scales provided below, rate your Recent Experience, Frequency, Length of Experience, Proficiency, and indicate what employer can verify your ability to perform each task statement. Items without a response and Supervisor Verification will not be scored.

Recent Experience: Select the box that indicates if you have performed the task within the last 24 months.

Frequency: Select the box that corresponds to how often you performed the task.

- **Daily** – I have performed this task on a daily basis.
- **Weekly** – I have performed this task at least once a week.
- **Monthly/Quarterly** – I have performed this task at least once a month or every three months.
- **Never** – I have no experience or have not performed this task.

Length of Experience: Select the box to indicate how long you have performed the task.

- **More than 3 years**
- **1-3 years**
- **1 month to 1 year**
- **No experience**

Proficiency: Select the box that best describes your proficiency level for each task.

- **Performed task independently** – I could effectively perform this task without any assistance.
- **Assisted with performing task** – I have some knowledge on how to perform this task, but may require additional instruction/guidance to complete the task effectively.
- **Have not performed this task** – I have no experience or have not performed this task.

Supervisor Verification: Refer to the list you provided on Employment/Supervisor Information page. Select a box or boxes (A, B, C, or D) to identify the employer(s)/supervisor(s) who can verify your response on each item. You may check more than one box in this category.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by selecting one option for Recent Experience, Frequency, Length of Experience, and Proficiency. For the Supervisor Verification category, select all that apply.

1. Provide instructional assistance in all subjects to facilitate effective learning in the classroom.

Recent Experience: Have you performed this task in the last 24 months?

- Yes No

Frequency:

- Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

- Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

- More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

- A
 B
 C
 D

2. Serve as an English and ASL role model and support the development of communication skills.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

- Daily
- Weekly
- Monthly/Quarterly
- Never

Proficiency:

- Performed tasks independently
- Assisted with performing task
- Have not performed this task

Length of Experience:

- More than 3 years
- 1-3 years
- 1 month - 1 year
- No experience

Supervisor Verification:

- A
- B
- C
- D

3. Manage student behavior, follow classroom rules and support a positive learning environment.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

- Daily
- Weekly
- Monthly/Quarterly
- Never

Proficiency:

- Performed tasks independently
- Assisted with performing task
- Have not performed this task

Length of Experience:

- More than 3 years
- 1-3 years
- 1 month - 1 year
- No experience

Supervisor Verification:

- A
- B
- C
- D

4. Utilize Crisis Prevention Intervention (CPI) techniques to manage a student's problem behavior.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

5. Organize, distribute and/or collect books and other learning materials and school supplies.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

6. Set up the classroom environment to facilitate effective classroom instruction.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

7. Assume the role of a team member in the department or grade assigned.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

8. Create bulletin boards to facilitate communication of classroom activities, department events, or display student work.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

- Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

- Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

- More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

- A
 B
 C
 D

9. Assist in the preparation and/or production of graphics and other written teaching materials.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

- Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

- Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

- More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

- A
 B
 C
 D

10. Assist students in the classroom when using technology and ensure student understanding.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

11. Support the implementation of Individualized Education Programs (IEP) to ensure student success.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

12. Report information about child abuse, illegal activities, or other pertinent student information.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

13. Communicate effectively, cooperatively, promptly, and respectfully with students, staff, parents, and visitors.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

14. Attend departmental, staff, and other meetings as assigned.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

15. Proficiently communicate in American Sign Language and display a basic knowledge of Deaf Culture.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

16. Assist in the supervision of students between classes and at lunch, both on and off campus.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

17. Follow safety and emergency response guidelines to ensure student safety.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

18. Serve as role model for students in dress, appearance, and professional conduct and demonstrate successful living skills.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
Weekly
Monthly/Quarterly
Never

Proficiency:

Performed tasks independently
Assisted with performing task
Have not performed this task

Length of Experience:

More than 3 years
1-3 years
1 month - 1 year
No experience

Supervisor Verification:

A
 B
 C
 D

19. Support the school's vision, mission, values, policies, philosophies, and goals.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
Weekly
Monthly/Quarterly
Never

Proficiency:

Performed tasks independently
Assisted with performing task
Have not performed this task

Length of Experience:

More than 3 years
1-3 years
1 month - 1 year
No experience

Supervisor Verification:

A
 B
 C
 D

20. Maintain confidentiality regarding all information pertaining to students including health, education, psychological, and other related information.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
Weekly
Monthly/Quarterly
Never

Proficiency:

Performed tasks independently
Assisted with performing task
Have not performed this task

Length of Experience:

More than 3 years
1-3 years
1 month - 1 year
No experience

Supervisor Verification:

A
 B
 C
 D

21. Participate in workshops to develop skills, facilitate professional growth, and improve job performance.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
Weekly
Monthly/Quarterly
Never

Proficiency:

Performed tasks independently
Assisted with performing task
Have not performed this task

Length of Experience:

More than 3 years
1-3 years
1 month - 1 year
No experience

Supervisor Verification:

A
 B
 C
 D

22. Maintain effective relationships with all staff and departments to facilitate communication and successfully perform the duties of the job.

Recent Experience: Have you performed this task in the last 24 months?

Yes No

Frequency:

Daily
 Weekly
 Monthly/Quarterly
 Never

Proficiency:

Performed tasks independently
 Assisted with performing task
 Have not performed this task

Length of Experience:

More than 3 years
 1-3 years
 1 month - 1 year
 No experience

Supervisor Verification:

A
 B
 C
 D

Locations You Are Willing To Work

Please identify the location(s) where you wish to establish eligibility below. Please indicate "California School for the Deaf, Fremont" and/or "California School for the Deaf, Riverside. If you fail to indicate a location, your eligibility will be established for the location nearest to the address listed on your application.

- California School for the Deaf, Fremont California School for the Deaf, Riverside

PLEASE CHECK *ONE BOX ONLY* NEXT TO THE TYPE OF APPOINTMENT YOU WILL ACCEPT

- A PERMANENT OR LIMITED TERM – FULL TIME, PART TIME, OR INTERMITTENT
- C PERMANENT OR LIMITED TERM – FULL TIME ONLY
- M PERMANENT OR LIMITED TERM – PART TIME OR INTERMITTENT ONLY
- D PERMANENT ONLY – FULL TIME ONLY
- K LIMITED TERM ONLY – FULL TIME ONLY
- R PERMANENT – PART TIME OR INTERMITTENT OR LIMITED TERM – FULL TIME, PART TIME, OR INTERMITTENT

Affirmation Statement

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

1. The department or a designated appointing power may refuse to examine, or after examination may refuse to declare as eligible, or may withhold or withdraw from an eligible list, before the appointment, anyone who meets any of the following criteria:
 1. Lacks any of the requirements for the examination or position for which he or she applied.
 2. Has been dismissed from any position for any cause that would be a cause for dismissal from state service.
 3. Has resigned from any position not in good standing in order to avoid dismissal.
 4. Has misrepresented himself or herself in the application or examination process, including permitting another person to complete or attempt to complete a portion of the examination on his or her behalf.
 5. Has been found to be unsuited or not qualified for employment pursuant to rule.
2. The remedies provided in this section are not exclusive and shall not prevent the board, department, or appointing power from taking additional actions pursuant to Chapter 10 (commencing with Section 19680).

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If it is discovered that I have made any false representations after being appointed to a position, I may have adverse action taken against me, which could result in dismissal.

Signature: _____

Date: _____

Name (Printed): _____

Home Phone Number: _____

Work Phone Number: _____