



Counselor, 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 Counselor, 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 residential care 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 Counselor, School for the Deaf examination:

- Examination/Employment Application (STD. 678): <https://jobs.ca.gov/pdf/std678.pdf>
- Qualifications Assessment Questionnaire and signed Affirmation Statement
- Evidence of completion of required education (copies are acceptable)

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/employment 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 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 and fill in the required education fields.

American Sign Language Requirement

1. Are you proficient in the use of American Sign Language?

Yes No

Education Requirement

1. Have you completed 18 semester units or equivalent of college level course work in the following areas?: *(Note: A minimum of three semester units or equivalent must be completed in at least three different areas.)*

Yes No

- A. Child growth and development

Number of units completed:

- B. Recreational planning and/or physical education methodology for children

Number of units completed:

- C. Education techniques

Number of units completed:

- D. English composition or report writing

Number of units completed:

- E. Health science and hygiene

Number of units completed:

- F. Psychology, sociology, behavioral sciences, handicapping conditions, family life, social work or rehabilitation

Number of units completed:

OR

2. Do you have equivalent to completion of a two-year college associate degree (60 or more units) in any major or a Certificate of Achievement requiring 18 or more semester units in child development, early childhood studies, American sign language, deaf studies, consumer and family services, sociology, or psychology?

Yes No

Experience Requirement

1. Do you have one year of experience in the California state service performing residential care or education activities for groups of children at a level of responsibility equivalent to the classes of Night Attendant, School for the Deaf or Teaching Assistant?

Yes No

OR

2. Do you have eighteen months of experience in educating, nursing, counseling, or providing recreational activities or residential care for groups of children or for at least one disabled child?

Yes No

OR

3. Do you have equivalent to completion of a two-year college associate degree in any major?

Yes No

Section II - Employment History

Please provide your employment history (paid and/or volunteer) as a Counselor. 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 a Counselor. 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. Supervise students in a non-classroom setting (residential dorm, off campus, before and after school activities, transportation, etc.,) 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

2. Plan, implement and execute monthly safety evacuation drills.

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. Supervise students during safety evacuations.

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. Maintain accountability of students, keep track of their location, ensure they know proper safety procedures, and communicate with them at all times.

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. Analyze situations accurately, take effective action, and maintain order and security of students at all times.

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. Exercise fair and consistent discipline while supervising students 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

7. Utilize behavior management techniques such as Crisis Prevention Intervention or any non-physical intervention program with individuals or groups of students.

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. Teach conflict resolution skills to students in order to help them develop positive relationships.

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. Teach interpersonal skills to students in order to help them develop social etiquette skills, courtesy, and respect.

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. Utilize behavioral management strategies to manage students behavior when dealing with individuals or groups.

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. Assist students with study skills in order to develop good study habits and support academic 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

12. Serve as a resource person in matters relating to education needs for students, teachers, and/or parents.

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. Plan and implement activities that fit the school mission for groups of students.

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. Set specific goals for a behavior rewarding program, including academic improvement as needed.

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. Develop and implement comprehensive social, educational and emotional programs to meet the needs and interests of students.

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. Instruct and guide students in developing independent living skills, and model proper behavior for students.

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. Communicate information effectively between team members and other stakeholders including parents and students.

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. Maintain open communication with parents to share student progress and/or concerns.

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. Effectively communicate with students in a patient and courteous manner and provide guidance and advice when necessary.

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. Adapt to the students' various levels of communication to foster positive and trusting relationships and develop confidence in the students.

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. Effectively utilize time management skills such as prioritizing, and setting goals and deadlines, for successful completion of all work assignments.

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. Work collaboratively with academic departmental staff to meet the educational and developmental needs of students.

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

23. Attend and participate in staff development trainings to keep up to date on current child care methods and strategies.

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

24. Plan, introduce and implement a variety of recreational and social activities to students.

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

25. Design and develop specific goals in order to assist students in acquiring and developing daily 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

26. Work with students individually or in groups, teaching, advising, and encouraging them to be independent.

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

Section IV - Education

Please indicate your specific education and/or degree by selecting the appropriate box and complete the corresponding major or subject(s). Select all that apply and provide proof by submitting copies of transcripts or diplomas.

High School Diploma: Yes No

Associate Degree Major:

Bachelor's Degree Major:

Master's Degree Major:

Location 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 SELECT *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:

- a. 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.
- b. 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: _____