

California Department of Education Qualifications Assessment Questionnaire

Nutrition Education Assistant

General Instructions

Thank you for your interest in California State civil service employment. The State of California is an Equal Employment Opportunity employer. The Nutrition Education Assistant examination will consist of the attached Qualifications Assessment Questionnaire (QAQ) that will be used to evaluate your experience, education, and training in areas of providing consultation and assistance to educational agencies in nutrition education.

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 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 Nutrition Education Assistant examination:

- Examination/Employment Application (STD. 678): <u>https://jobs.ca.gov/pdf/std678.pdf</u>
- Qualifications Assessment Questionnaire and signed Affirmation Statement
- Evidence of completion of required credential/education (e.g. credential, transcript, or diploma)

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 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 appointment eligibility. Please answer each of the following questions and fill in the required education fields.

Education Requirement

1. Do you have a valid teaching credential or credential of equivalent authorization?

□Yes □No

2. Do you have an earned master's or doctorate degree or equivalent in Education or subjects related to nutrition education, such as nutrition, public health nutrition, health education, food service management, or home economics with a food and nutrition emphasis?

□Yes □No

3. Are you registered with the Commission on Dietetics?

□Yes □No

Experience Requirement

 Do you have two years of professional experience in nutrition, health education, dietetics, home economics, or food service involving nutrition education in one or a combination of the following settings: (1) a State or local educational institution or agency, or other public agency; (2) a community nutrition program emphasizing nutrition education; (3) a food service program with an education component; or (4) a health education program emphasizing nutrition education?

□Yes □No

2. Do you have one year of administrative, supervisory, or equivalent staff level experience in nutrition, health education, dietetics, home economics, or food service involving nutrition education in , in one or a combination of the following settings: (1) a State or local educational institution or agency, or other public agency; (2) a community nutrition program emphasizing nutrition education; (3) a food service program with an education component; or (4) a health education program emphasizing nutrition program emphasizing nutrition program emphasizing nutrition program emphasizing

□Yes □No

Section II - Task Experience

Instructions

Using the rating scale(s) provided below, you will rate your frequency, length of experience, and proficiency performing specific job-related tasks by marking one option for each of the three categories provided. In responding to each statement, you may refer to your formal education and work experience whether paid or not. Items without a response will not be scored.

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/Annually: I have performed this task once a month, or every three months, or once a year.
- Never: I have no experience or have not performed this task.

Length of Experience: Select the box that corresponds to the length of experience you have in performing the task.

- More than 3 years
- One to three years of experience
- Up to one year of experience
- No experience performing this task

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

- Extensive: I have extensive education, training and/or experience performing this task and would be considered an expert in this area.
- Moderate: I have moderate education, training, and/or experience performing this task and could effectively perform this task.
- Limited: I have limited education, training, and/or experience performing this task and would require assistance.
- None: I have no education, training, or experience performing this task.

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 Frequency, Length of Experience, and Proficiency categories.

1. Provide technical assistance to schools, school districts, child care agencies, county offices of education, and community organizations in the development of nutrition education programs.

Frequency:

Proficiency:

DailyExtensiveWeeklyModerateMonthly/Quarterly/AnnuallyLimitedNeverNone

Length of Experience:

 \Box More than three years of experience

 \Box One to three years of experience

- \Box Up to one year of experience
- \Box No experience performing this task

2. Provide consultative services to schools, school districts, child care agencies, county offices of education, and community organizations in the coordination of nutrition education programs.

Frequency:

Proficiency:

DailyExtensiveWeeklyModerateMonthly/Quarterly/AnnuallyLimitedNeverNone

Length of Experience:

 $\hfill\square\hfill$ More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

□No experience performing this task

3. Plan statewide education training sessions, workshops, conferences, other programs and symposia for school and child care personnel, parents, students, and community-based organizations.

Frequency:

Proficiency:

Proficiency:

DailyExtensiveWeeklyModerateMonthly/Quarterly/AnnuallyLimitedNeverNone

Length of Experience:

- ☐More than three years of experience
- \Box One to three years of experience
- □Up to one year of experience
- □No experience performing this task
- 4. Prepare policy recommendations, reports and/or program advisories.

Frequency:

| | - |
|-----------------------------|-----------|
| □Daily | Extensive |
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | |
| Never | □None |

Length of Experience:

 \Box More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

 \Box No experience performing this task

5. Assist in the evaluation of health, nutrition and food service education programs that integrate the components of a comprehensive school health system.

Frequency:Proficiency:DailyExtensiveWeeklyModerateMonthly/Quarterly/AnnuallyLimitedNeverNone

Length of Experience:

 $\hfill\square\hfill$ More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

 \Box No experience performing this task

6. Coordinate comprehensive school-based nutrition education grant programs for Local Educational Agencies.

| Frequency: | Proficiency: |
|-----------------------------|--------------|
| □Daily | □Extensive |
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | Limited |
| □Never | □None |

Length of Experience:

☐More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

 \Box No experience performing this task

7. Gather data that relates to health and nutrition education for policy recommendations and/or reports.

Proficiency:

Frequency:

| - | - |
|-----------------------------|------------|
| □Daily | □Extensive |
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | Limited |
| □Never | □None |

Length of Experience:

 $\hfill\squareMore$ than three years of experience

□One to three years of experience

 \Box Up to one year of experience

□No experience performing this task

8. Respond to written requests for information about health and nutrition programs and issues.

| Frequency: | Proficiency: |
|-----------------------------|--------------|
| □Daily | Extensive |
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | |
| □Never | □None |

Length of Experience:

☐More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

 \Box No experience performing this task

9. Develop statewide education training sessions, workshops, conferences, other programs and symposia for school and child care personnel, parents, students, and community-based organizations.

Proficiency:

Proficiency:

Frequency:

| □Daily | Extensive |
|-----------------------------|-----------|
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | |
| Never | □None |
| | |

Length of Experience:

 \Box More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

□No experience performing this task

10. Provide general program administration for nutrition, health, and physical education programs.

Frequency:

| □Daily | □Extensive |
|-----------------------------|------------|
| □Weekly | ⊡Moderate |
| ☐Monthly/Quarterly/Annually | Limited |
| □Never | □None |
| | |

Length of Experience:

 \Box More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

 \Box No experience performing this task

11. Provide technical assistance and consultative services to schools, school districts, child care agencies, county offices of education, and community organizations in the implementation of nutrition education programs.

| Frequence | :y: |
|-----------|-----|
|-----------|-----|

| quency: | Proficiency: |
|-----------------------------|--------------|
| □Daily | Extensive |
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | |
| □Never | □None |

Length of Experience:

☐ More than three years of experience

□One to three years of experience

Up to one year of experience

□No experience performing this task

12. Conduct statewide education training sessions, workshops, conferences, other programs and symposia for school and child care personnel, parents, students, and community-based organizations.

Proficiency:

Frequency:

| • |
|------------|
| □Extensive |
| □Moderate |
| |
| □None |
| |

Length of Experience:

☐ More than three years of experience

□One to three years of experience

Up to one year of experience

□No experience performing this task

13. Assist in the implementation of health, nutrition, and food service education programs that integrate the components of a comprehensive school health system.

| Frequency: | Proficiency: |
|-----------------------------|--------------|
| □Daily | Extensive |
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | |
| □Never | □None |

Length of Experience:

☐ More than three years of experience

□One to three years of experience

- Up to one year of experience
- □No experience performing this task

14. Ensure school-based nutrition education programs funded through grant awards and/or contracts conform to program regulations and maintain required program records.

Frequency:Proficiency:DailyExtensiveWeeklyModerateMonthly/Quarterly/AnnuallyLimitedNeverNone

Length of Experience:

 $\hfill\square\hfill$ More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

□No experience performing this task

15. Assist with the development of curriculum and other instructional materials for preschool through 12th grade and for college/university classroom instruction in the areas of food, nutrition, nutrition education, and food service education.

Frequency:

Proficiency:

DailyExtensiveWeeklyModerateMonthly/Quarterly/AnnuallyLimitedNeverNone

Length of Experience:

☐More than three years of experience

 \Box One to three years of experience

□Up to one year of experience

□No experience performing this task

16. Evaluate data that relates to health and nutrition education for policy recommendations, reports, program advisories, and other related documents.

| Frequency: | Proficiency: |
|----------------------------|--------------|
| □Daily | Extensive |
| □Weekly | □Moderate |
| Monthly/Quarterly/Annually | |
| □Never | □None |
| | |

Length of Experience:

☐More than three years of experience

 \Box One to three years of experience

- \Box Up to one year of experience
- \Box No experience performing this task

17. Assist in the development of health, nutrition, and food service education programs that integrate the components of a comprehensive school health system and reflect the latest scientific and educational research available.

| Frequency: | Proficiency: |
|-----------------------------|--------------|
| □Daily | Extensive |
| □Weekly | □Moderate |
| ☐Monthly/Quarterly/Annually | Limited |
| □Never | □None |
| | |

Length of Experience:

☐More than three years of experience

 \Box One to three years of experience

□Up to one year of experience

□No experience performing this task

18. Convene ad hoc task force teams, contractors, and other interdepartmental personnel in coordinating the development of health, nutrition, and food service education programs and other adjunct projects.

Proficiency:

Frequency:

| □Daily | □Extensive |
|----------------------------|------------|
| □Weekly | □Moderate |
| Monthly/Quarterly/Annually | Limited |
| □Never | □None |

Length of Experience:

☐More than three years of experience

 \Box One to three years of experience

 \Box Up to one year of experience

□No experience performing this task

19. Monitor comprehensive school-based nutrition education grant programs for Local Educational Agencies.

| Frequency: Proficiency: | |
|----------------------------|------------|
| □Daily | □Extensive |
| □Weekly | □Moderate |
| Monthly/Quarterly/Annually | Limited |
| □Never | □None |
| | |

Length of Experience:

 $\hfill\squareMore$ than three years of experience

 \Box One to three years of experience

- \Box Up to one year of experience
- \Box No experience performing this task

Section III - Knowledge, Skills & Abilities (KSA) Assessment

Instructions

Using the rating scale(s) provided below, you will rate your level of knowledge in accordance with your experience. In responding to each statement you may refer to your work experience, internship, or volunteer work. Items without a response will not be scored.

Definition of Levels:

- Extensive: I possess an expert level of knowledge and have used it to instruct others on specific aspects of this knowledge.
- Moderate: I have sufficient knowledge and have applied it to an actual task
- Limited: I have some knowledge but require additional instruction in order to apply my knowledge effectively.
- None: I do not possess knowledge in this area.

Respond to the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option.

1. Principles, practices, trends and techniques of good nutrition and food service curriculum development.

Level of Knowledge:

- □Extensive
- □Moderate
- □None
- 2. Instructional methods for teaching nutrition to students, educational staff, school food service personnel, and parents.

Level of Knowledge:

- □Extensive
- □Moderate
- □None
- 3. Program planning techniques to ensure successful implementation of child nutrition programs.

Level of Knowledge:

- □Extensive
- □Moderate
- Limited
- □None

4. Research, statistics, and educational testing and measurement in order to evaluate good nutrition and food service programs.

Level of Knowledge:

- □Extensive
- □Moderate
- Limited
- □None
- 5. Child nutrition programs and their potential application in nutrition, and food service education. **Level of Knowledge:**
 - □Extensive
 - □Moderate
 - Limited
 - □None
- 6. The needs of children from varied social, economic, and ethnic backgrounds to ensure successful program outcomes.

Level of Knowledge:

- □Extensive
- □Moderate
- Limited
- □None
- 7. Provisions of applicable Federal regulations for child nutrition programs to ensure compliance.

Level of Knowledge:

- Extensive
- □Moderate
- Limited
- □None
- 8. Provisions of the Education Code and State Board of Education policies related to nutrition, education, health, and staff development.

Level of Knowledge:

- □Extensive
- □Moderate
- Limited
- □None

Section IV - Degrees & Credentials

Please indicate your specific education and/or current credential by selecting the corresponding box and complete the corresponding major, subject(s), type, or title. Check all that apply and provide proof by submitting copies of transcripts or diplomas, credentials, and registrations/certifications.

Degrees

| 🗌 Bachelor's Degree | Major: |
|---------------------|-------------|
| Master's Degree | Major: |
| Doctorate Degree | Major: |
| □ Other | Type/Major: |

Credentials

| Teaching Cre | edential or Credential of Equivalent |
|--------------|--------------------------------------|
| Subject(s): | |
| | |

□ Administrative Credential or Credential of Equivalent Authorization

Professional Registrations/Certifications

- □ School Nutrition Specialist
- □ Registered Dietician

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: | | |