



## Teaching Assistant, School for the Blind

### 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 Blind 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 blind 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 Blind in Fremont 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 Blind 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.

### **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 assistance to instructional staff in support of Individualized Education Program and/or Individualized Transition Plan goals and objectives 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

2. Provide instructional assistance to blind students 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

3. Provide instructional assistance to blind students in community settings such as job placements, shopping, and recreational activities.

**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. Assist in the preparation and/or production of Braille and large print materials for distribution to blind 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

5. Set up the classroom environment, including instructional technology, to facilitate individualized or small group learning for blind 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

6. 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

7. Assist instructor with behavior management of students, 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

8. Utilize Crisis Prevention Intervention (CPI) techniques to manage behavior problems in blind 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

9. Assist blind students in the classroom with using assistive technology to 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



10. Assist in the transportation of blind students as a van driver.

**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. Report information about child abuse, illegal activities, or other pertinent student information to ensure compliance with State and Federal reporting laws, rules, and regulations.

**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. 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

13. Follow safety and emergency response guidelines to ensure the safety of blind 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. Assist with the supervision of blind students as needed, 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

15. 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

16. Serve as role model for students in appearance, dress, professional conduct, and work ethic.

**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. Effectively communicate with staff and students and display a basic knowledge of blindness.

**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 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

19. 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

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

**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. Support the school's vision, mission, values, polices, 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

# 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: \_\_\_\_\_