



## TEACHER, HIGH SCHOOL – PHYSICAL EDUCATION, 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, High School – Physical Education, 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, 101N**

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, 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 - 9)
- Work Experience Assessment (pages 10 - 20)
- Recruitment Questionnaire (pages 21-22)

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

### CENTRAL REGION

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

### SOUTHERN REGION

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

## 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.

### Requirements:

- ☐ I possess the required Preliminary/Clear Credential from the California Commission on Teacher Credentialing.

Credential Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- ☐ I have applied for the required Preliminary/Clear Credential with the California Commission on Teacher Credentialing.

Application Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Please mark the appropriate credential(s) you possess:

- ☐ A single Subject Credential in Physical Education
- ☐ A Standard Secondary Credential with a major or minor in Physical Education
- ☐ A General Secondary Credential with a major or minor in Physical Education

## 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 have effectively and efficiently applied this KSA to an actual job without supervision.

#### **Moderate Knowledge, Skill, or Ability**

I have applied this KSA to an actual job, but may require general supervision.

#### **Limited Knowledge, Skill, or Ability**

I have 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. Applying the principles and methods of teaching.

#### **Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

2. Applying the principles of educational psychology as applied to teaching.

#### **Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

3. Utilizing current trends in educational methods.

#### **Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

4. Applying remedial teaching techniques and adapting instruction for student's deficiencies.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

5. Managing emotional problems of students.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

6. Providing effective leadership and motivation to students.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

7. Teaching students to develop academic goals and objectives.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

8. Working effectively with other subject matter experts to teach techniques.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

9. Successfully gaining the interest, respect, and cooperation of students with specific teaching methods.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

10. Effectively developing socially acceptable attitudes in students by modeling acceptance for cultural, racial, and individual differences.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

11. Communicating 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
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

12. Analyzing situations accurately and taking effective action.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

13. Having and maintaining 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
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

14. Actively participating in group-oriented treatment programs.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

15. Consistently maintaining an empathetic and objective understanding of students.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability



16. Effectively demonstrating teaching ability to maximize use of expertise.

**Knowledge, Skill, or Ability related to performing this action**

- ☐ Extensive Knowledge, Skill, or Ability
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

17. Continuously possessing 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
- ☐ Moderate Knowledge, Skill, or Ability
- ☐ Limited Knowledge, Skill, or Ability
- ☐ No Knowledge, Skill, or Ability

18. Continuously demonstrating 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
- ☐ Moderate 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. Engaging 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. Preparing 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. Managing 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. Supervising 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. Assigning and supervising 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. Conducting 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. Evaluating 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. Monitoring 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. Advising 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. Preparing 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. Obtaining 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. Modifying 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. Instructing 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. Providing 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. Participating 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. Participating 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. Participating 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. Obtaining price estimates for ordering supplies, equipment, and materials 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. Participating 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. Developing and/or facilitating 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. Demonstrating an understanding of physical education outcomes as contained in the California Content Standards.

**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. Instructing students in the use of the principles of biomechanics (leverage, force, inertia, rotary motion, and opposition).

**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. Assisting students in applying the biomechanics principles to achieve advanced performance in rhythms/dance, and individual/dual activities.

**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. Instructing students in the physical, emotional, cognitive, and scientific factors that affect performance and the relationship between those factors.

**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. Assisting students in analyzing which training and conditioning practices have the greatest impact on skill acquisition and performance in rhythms/dance, and individual/dual activities.

**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. Instructing students to develop and modify practice/training plans based on evaluative feedback of skill acquisition and performance in rhythms/dance, and individual/dual activities.

**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. Instructing/assisting students in analyzing situations and determining appropriate strategies for improved performance in rhythms/dance, and individual/dual activities.

**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. Encouraging students to participate in enjoyable and challenging physical activities that develop and maintain the components of physical fitness.

**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. Assisting students in meeting the health-related physical fitness standards established by a scientifically based health-related fitness assessment.

**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. Instructing students to use physical fitness test results to set and adjust goals to improve fitness.

**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. Assisting students in developing and implementing a personal physical fitness plan.

**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. Instructing students about the role of physical activity in the prevention of disease and the reduction of health care costs.

**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. Instructing and encouraging students to accept personal responsibility to create and maintain a physically, emotionally safe, and non-threatening environment for physical activity.

**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. Instructing and encouraging students to act independently of negative peer pressure during physical activity.

**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

35. Assisting students in developing personal goals to improve one's performance in physical activities, and overall fitness levels.

**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

36. Assisting students in analyzing the role that physical activity plays in social interaction and cooperative opportunities within the family and the workplace.

**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

37. Assisting students in recognizing the value of physical activity in understanding multi-culturalism.

**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

38. Assisting students in recognizing and evaluating the role of cooperation and positive interactions with others when participating in physical activity.

**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

39. Instructing and encouraging students to identify and utilize the potential strengths of each individual in physical activities.

**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:** 10/8/19 - TB

## 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