FSS Supplemental Questions

PART II

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. | | | Referring to question 7 in Part 1, list below only those positions and specific duties for which you have been responsible providing supports and resources to assist family members and caregivers to enhance individual’s learning and development through everyday learning opportunities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSITION | | | | | | | | | | | | | | | | | DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | Given that a child has delays in communication, self-help, and motor areas, what are three teaching strategies that a parent would find useful? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | c. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Have you been responsible for training others in areas of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | a. | | | | | Behavior management? | | | | | | | | | | | | | |  | YES | |  | | | NO | | |  | | |
|  | If yes, describe below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | | | Skill Acquisition? | | | | | | | | | | | | | |  | YES | |  | | | NO | | |  | | |
|  |  | | | | | List four examples of teaching strategies? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I | | | | | |  | | | | | | | | | | | | | II | |  | | | | | | | | | | | | | | | | | |
|  | | | | III | | | | | |  | | | | | | | | | | | | | IV | |  | | | | | | | | | | | | | | | | | |
| 4. | Have you been responsible for coordinating services for families? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | YES | | | | | | | |  | | | NO | |  |
|  | If yes, list the type of agencies/services that you most frequently coordinated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | | |  | | | | | | | | | | | | | | | | | | | | b. | | |  | | | | | | | | | | | | | | |
|  | c. | | | |  | | | | | | | | | | | | | | | | | | | | d. | | |  | | | | | | | | | | | | | | |
| 5. | Have you provided counseling to caregivers? | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | |  | | | NO | | | |  | | | | | | | |
|  | | If yes, describe your counseling approach: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | List two types of measurement procedures that could be used to document educational progress with children. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | a. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | b. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | Have you been responsible for assessing the development and/or needs of youth? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | YES | | | | | | | | |  | | NO | | |  | |
| 9. | | | List the developmental assessments and/or assessments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. | | | |  | | | | | | | | | | | | | | | | | | | | b. | | |  | | | | | | | | | | | | | |
|  | | | c. | | | |  | | | | | | | | | | | | | | | | | | | | d. | | |  | | | | | | | | | | | | | |
| 10. | | | Have you worked as a member of an interdisciplinary team? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | NO |  |
|  | | | If yes, list the disciplines with which you worked: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | a. | | | |  | | | | | | | | | | | | b. | | |  | | | | | | | | | | | | | c. |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11. | Indicate below by using an ex (x), the number of months of experience you have had with the following: | | | | | | | | |
| **AGES** | |  | **NUMBER OF MONTHS** | | | | | | |
|  | 0-6 | 7-12 | 13-18 | 19-24 | 25-30 | 31-36 | 37+ |
| 0 – 2 |  |  |  |  |  |  |  |
| 3 – 5 |  |  |  |  |  |  |  |
| 6 – 18 |  |  |  |  |  |  |  |
| 19 + |  |  |  |  |  |  |  |
| **SEVERITY**  **OF**  **DISABILITY** | | MILD |  |  |  |  |  |  |  |
| MODERATE |  |  |  |  |  |  |  |
| SEVERE |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **TYPES OF**  **DISABILITY** | | DEVELOPMENTAL DISABLED |  |  |  |  |  |  |  |
| MENTAL HEALTH |  |  |  |  |  |  |  |
| LEARNING DISABLED/ EMOTIONAL DISTURBED |  |  |  |  |  |  |  |
| PHYSICAL DISABILITY |  |  |  |  |  |  |  |

How did you hear about this position?