# School Health Aide position 

## Supplemental Questions

Name: $\qquad$

1. Most candidates selected for this position are employed at the starting hourly rate on the pay scale. The work schedule for this position is 38 weeks out of a 52 - week calendar year. The employee is not scheduled when FCPS students are not in session during winter, spring, and summer break. Given this rate of pay and the 38 weeks of paid employment annually, is this an hourly rate you can accept for this position?
$\square$ Yes
$\square$ No
2. What is the highest level of education that you have completed?
$\square$ Less than $12^{\text {th }}$ grade.
$\square$ High school diploma or GED
$\square$ Some college
$\square$ Associate degree
$\square$ Bachelor's degree
$\square$ Master's degree
$\square$ Doctorate degree
3. If you answered "Some college" for the highest level of education completed, please indicate the number of quarter or semester hours you have completed towards a related degree.
$\square$ Less than 45 quarter hours
$\square 45$ to less than 90 quarter hours
$\square 90$ to less than 135 quarter hours
$\square 135$ to less than 180 quarter hours
$\square 180$ or more quarter hours
$\square$ Less than 30 semester hours
$\square 30$ to less than 60 semester hours
$\square 60$ to less than 90 semester hours
$\square 90$ to less than 120 semester hours
$\square 120$ or more semester hours
$\square$ Not applicable
4. If you have a college degree, please indicate your field of study? Check all that apply.
$\square$ Health education
$\square$ Health science
$\square$ Human services
$\square$ Early childhood education
$\square$ Education
$\square$ Other
$\square$ None of the Above
5. Do you have at least two years of experience or training in a field related to early childhood education or human services? Details must be substantiated in your application for this and all other responses.
$\square$ Yes
$\square$ No
6. How many years of full-time experience do you have working with school-age children (between the ages of 2-18 years old) and families? Details must be substantiated in your application for this and all other responses.
$\square$ None
$\square$ Less than one year
$\square$ Ones to less than two years
$\square$ Two to less than three years
$\square$ Three to less than four years
$\square$ Four to less than five years
$\square$ Five or more years
7. Which of the following have you performed during previous employment or volunteer experience? Check all that apply.

- Oral communication with parents/families
- Telephone communication with parents/families
- Written communication with parents/families
$\square$ Record-keeping
- Independent work
- Organizing group activities for children
- Care of sick and/or injured children
- None of the Above

8. Which of the following Microsoft Office Suite programs and other software are you proficient at using? Check all that apply.

- Microsoft Word
- Microsoft Outlook
- Microsoft Excel
- Microsoft Access
- Microsoft PowerPoint
- Electronic health records
- None of the Above

9. "I am comfortable providing care to school age children who are sick or injured."
$\square$ Yes
$\square$ No
10. "I am comfortable responding to medical emergencies."
$\square$ Yes
$\square$ No
11. Do you currently possess a valid driver's license?
$\square$ Yes

- No

