
Social Security Number

COMMONWEALTH OF PENNSYLVANIA
STATE CIVIL SERVICE COMMISSION

APPLICATION SUPPLEMENT NO. 2010-187-1
for
THERAPEUTIC ACTIVITIES AIDE
(Local Government)

BE SURE TO READ TEST ANNOUNCEMENT NO. 2010-187 THOROUGHLY BEFORE YOU COMPLETE THIS SUPPLEMENT.

Your completed *Application for Employment/Promotion* will be used to determine if you meet the minimum experience and training requirements. The information you provide in your *Application for Employment/Promotion* and *Application Supplement 2010-187-1* constitutes the examination and will be used to rate and score your qualifications.

This supplement describes the 6 major work behaviors newly appointed Therapeutic Activity Aides are expected to perform. Work behaviors are activities performed to achieve the objectives of the job. Read each work behavior carefully. Determine which statement below the work behavior most closely represents your highest level of work performance and select the appropriate level which best describes your claim. In order to receive credit for experience, you must have worked in a job for at least **six** months in which the experience claimed was a major function.

Following each work behavior, you must list the employer or training source where you gained your experience. If the information you provide does not support your claim, your level of performance will be revised and you may receive a lower-than-deserved score. Please try to confine your responses to the blank spaces provided; however, if more space is necessary, you may attach additional pages. Each additional page must include your Social Security number. Also, identify the work behavior(s) for which the additional information is provided. **Do not submit resumes in lieu of providing the requested information. Resumes will not be scored.**

After you have finished, read the statement at the end of the supplement, then sign and date the form in the spaces provided. Submit the completed supplement along with your completed *Application for Employment/Promotion*.

WORK BEHAVIOR 1 – CONDUCTS GROUP OR INDIVIDUAL THERAPEUTIC ACTIVITIES

Conducts therapeutic activities such as arts and crafts, picnics, field trips, self-care skills training, activities of daily living training, musical activities, athletic games, exercises, leisure time activities, socialization activities, sensory stimulation as well as gross and fine motor activities, prevocational activities, sheltered employment, woodworking, assembly and packaging, and off-ground activities in therapeutic recreation, vocational adjustment, and/or occupational therapy.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently conducted some of the therapeutic activities listed above.
- I have conducted some of the activities listed above under close supervision **OR** I have completed college coursework related to the activities listed above.
- I have conducted some of the activities listed above as a parent or family member **OR** I have completed training related to the activities listed above.
- I have no experience or training related to the activities listed above.

WORK BEHAVIOR 1 – CONDUCTS GROUP OR INDIVIDUAL THERAPEUTIC ACTIVITIES (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 1. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you are claiming education/training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 2 – OBSERVES INDIVIDUAL BEHAVIOR AND RECORDS PROGRESS

Objectively observes an individual's behavior during all types of activities and records changes, improvements, and unusual, abnormal, or inappropriate behavior in an individual's record.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently observed and recorded an individual's behavior during the activities as described above.
- I have observed some of the activities listed above under close supervision **OR** I have completed college coursework related to the activities listed above.
- I have observed some of the activities listed above as a parent or family member **OR** I have completed training related to the activities listed above.
- I have no experience or training related to the activities listed above.

WORK BEHAVIOR 2 – OBSERVES INDIVIDUAL BEHAVIOR AND RECORDS PROGRESS (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 2. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you are claiming education/training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 3 – INSTRUCTS INDIVIDUALS ON APPROPRIATE SAFETY PRACTICES AND PRECAUTIONS AND MONITORS SAFETY CONCERNS

Instructs individuals on the use of supplies and equipment including scissors, electrical equipment, tools, etc. Monitors the safety of the individual's environment including fire safety, child-proofing objects, observing and cleaning up spills, etc.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently instructed individuals on some of the activities listed above.
- I have instructed individuals on some of the activities listed above under close supervision **OR** I have completed college coursework related to the activities listed above.
- I have instructed individuals on some of the activities listed above as a parent or family member **OR** I have completed training related to the activities listed above.
- I have no experience or training related to the activities listed above.

WORK BEHAVIOR 3 – INSTRUCTS INDIVIDUALS ON APPROPRIATE SAFETY PRACTICES AND PRECAUTIONS AND MONITORS SAFETY CONCERNS (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 3. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you are claiming education/training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 4 – TEACHES AND ASSISTS INDIVIDUALS WITH DAILY LIVING ACTIVITIES

Teaches and assists individuals in basic living activities such as budgeting money, cleaning, cooking, shopping, childcare and hygiene to enable the individuals to live and/or work as independently as possible.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently taught and assisted individuals with some of the activities listed above.
- I have taught and assisted individuals with some of the activities listed above under close supervision **OR** I have completed college coursework related to the activities listed above.
- I have taught and assisted individuals with some of the activities listed above as a parent or family member **OR** I have completed training related to the activities listed above.
- I have no experience or training related to the activities listed above.

WORK BEHAVIOR 4 – TEACHES AND ASSISTS INDIVIDUALS WITH DAILY LIVING ACTIVITIES (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 4. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you are claiming education/training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 5 – TEACHES AND ASSISTS INDIVIDUALS WITH DAILY LIVING SKILLS

Teaches and assists individuals advanced skills such as independent living, effective listening, problem solving, and conversational skills.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently taught and assisted individuals with some of the activities listed above.
- I have taught and assisted individuals with some of the activities listed above under close supervision **OR** I have completed college coursework related to the activities listed above.
- I have taught and assisted individuals with some of the activities listed above as a parent or family member **OR** I have completed training related to the activities listed above.
- I have no experience or training related to the activities listed above.

WORK BEHAVIOR 5 – TEACHES AND ASSISTS INDIVIDUALS WITH DAILY LIVING SKILLS (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 3. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you are claiming education/training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

WORK BEHAVIOR 6 – PROVIDES INDIVIDUALS WITH GUIDANCE AND SUPPORT WITH SOCIALIZATION SKILLS

Assists individuals in establishing and improving socialization skills, encourages individuals to participate in individual and group recreation or work activities, and encourages individuals to participate in community activities.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently provided guidance and assistance some of the activities listed above.
- I have provided guidance and assistance some of the activities listed above under close supervision **OR** I have completed college coursework related to the activities listed above.
- I have provided guidance and assistance some of the activities listed above as a parent or family member **OR** I have completed training related to the activities listed above.
- I have no experience or training related to the activities listed above.

WORK BEHAVIOR 6 – PROVIDES INDIVIDUALS WITH GUIDANCE AND SUPPORT WITH SOCIALIZATION SKILLS (CONTINUED)

You must provide a detailed description of your experience as it relates to Work Behavior 4. Be sure to include the list of employer(s) where you gained this experience, details about the programs involved, your duties and your level of responsibilities.

If you are claiming education/training, please provide the requested information below.

College/Training Source	Course Title	Credits/Clock Hours

Social Security Number

I understand this Supplement and all additional sheets constitute part of my Civil Service Application for Employment/Promotion. If requested, I will provide documentation and the names, addresses and phone numbers of persons who can verify the validity of the claims I make in this Supplement and the information reported as part of the Application.

Printed Name of Applicant

Date

Signature of Applicant

() _____
Home Phone Number

Street Address

() _____
Daytime Phone Number

City

State

Zip Code

E-Mail Address