

Sugar-Salem School District No. 322

105 West Center • P.O. Box 150 • Sugar City, ID 83448 Phone (208) 356-8802 • Fax (208) 356-7237

Behavior Intervention or Habilitative Intervention Employee Application

e:
sonal Email Address:
ephone Number: [] landline or [] cell phone

Section A: Qualifications:

	A: Qualification	
Level		Qualifications
(choose 1)	(you have attached needed documentation that you meet each of the following items):
	n 3 or 5 depending on job	 At least 18 years old <u>and</u> Can demonstrate the knowledge, have the skills needed to support the program to which they are assigned based one job posting <u>and</u> Meet the paraprofessional requirements by having 1 of the following educational levels 32 college credits <u>OR</u> AA college degree or higher <u>OR</u>
		Pass the ETS para assessment with minimum score of 460
	Intervention Technician	 Individual who is currently enrolled and is within 24 semester credits from completing a BA degree in a human services field Must be employed by a DDA or school Maximum employment is 18 months; can transition to specialist level as outlined
	(column 7)	below Start date if hired: Eligibility for this level ends:
	Intervention Specialist (1) (column 10)	 Individual holds an Idaho Standard Instructional Certificate who meets qualifications for endorsement specific to SpEd (teaching degree)
	Intervention Specialist (2) (column 10)	 Holds Habilitative Intervention Certificate of Completion in Idaho with an expiration date of July 1, 2019 or later <u>and</u> Doesn't have a gap of more than 3 years of employment as an Intervention Specialist.(Resume should document this timeframe)
	Intervention Specialist (3)	 Individual who holds a bachelor's degree in a human services field* or a bachelor's degree and a minimum of 24 semester credits in human services field and Can demonstrate 1,040 hours of supervised experience working with children who demonstrate functional or behavioral needs and Meets the competency requirements by completing one of the following: A. Medicaid approved competency checklist
	(column 10)	 Minimum of 40 hours of ABA delivered by a credentialed/certified trainer
	Intervention Professional	 Individual who holds a MA degree in psychology, education, ABA, or related discipline with 1,500 hours of relevant coursework <u>or</u> training <u>or</u> both in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis as documented by in degree program, course work, or training <u>and</u> 1,200 hours of relevant experience in completing and implementing
	(column 12)	 comprehensive behavioral therapies for participants with functional <u>or</u> Behavioral needs, which may be documented within a degree program, coursework or training.

Section B: Background Information

If you	answer "yes" to ar	ny of the fo	llowing	questions listed in	this section, please expl	ain in a confide	ential letter.
	•			felony? { } Yes {	•		
В.	•	•		ntences or been giv	ven a withheld judgmen	t in regard to a	crime involving
C	moral turpitude?			shout vourself which	ch might tend to reflect	unfavorably or	vour reputation.
C.	C. Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation morals, character or ability as a prospective employee of Sugar-Salem School District? { } Yes { } No					•	
	English is my nat	_			-		
	E. I am fluent in additional languages (please list):						
F.		Institution		Λ+	tendance Date(s)	De	egree
		mstitution		At	teridance Date(s)	De	gree
	HS						
	College						
	College						
	Other:						
G.	Work Experience	e:					
	Positio	n	Employer		Supervisor/phone		Dates
Secti	on C: Position	Desired	(Mark a	ıll that apply):			
	ESL/Migra	nt	Title	1A	_Special Ed.	_Habilitative S	kills Building
	AcademicCBRSClericalBehavior Intervention					rvention	
	Small Group SettingOne-on-One						
School	/grade level prefe	rences {rai	nk 1-5}:				
	Preschool	-	-	n to 2 nd Grade	3 rd Grade to 5 ^t	^h Grade	
	6 th Grade to 8 th Grade9 th Grade to 12 th Grade						
Hours	available to work	between 7	:45 am t	o 3:00 pm:			
Monday Tuesday		1	Wednesday	Thursday	Friday		
	-		-	-		-	
				0.0	<u> </u>		
[OR Monday Tuesday Wednesday Thursday Friday						
	ivioriuay	1 4 5 5		between: {mark eithe	,	I Hudy	
			Zuny	[] 8:00-11:30 AM			
	and/or						
	[]11:30 AM to 3:00 PM						

Section D: References

List three references we may contact that would have knowledge about job-related performance.

Title	Contact number
	Title

Section E: Skills and Qualification	ons
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List skills you have acquired as well as specific training that you have obtained that would better qualify you for this
position:

Section F: Certification

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I hereby permit school district officials to contact listed references and supervisors of prior employment whether listed or not on this application. I hereby understand and acknowledge that any employment relationship with the District is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the nature of this "at will" employment relationship may not be changed by an act unless such change is specifically acknowledged in writing by the Board of Trustees of the District.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understood, also that I am required to abide by all rules, regulations, and policies of the District.

Signature of Applicant	Date