**Declaration**

**of performing the function of a teaching assistant to students with special needs**

**Personal data of the candidate:**

Name and surname………………………………………………………………………………

PESEL (if applicable) ……..……………………………………………………………………

Student ID No. …………………...……………………………………………………………..

Residential address………………………………………………………………………………

Field of study……………………………………………………………………………………

Education level (first degree studies, second degree studies)…………….…………………….

Mode of studies (full-time, part-time)………………………………………………………….

Year of studies………………………………………………………………………………….

E-mail address…………………………………………………………………………………..

Phone number …………..………………………………………………………………………

**Experience and qualifications:**

If you had contact with a disabled person, please present your experiences:

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Do you have the following characteristics useful in performing the function of a teaching assistant to students with disabilities? Please, rate them on a scale of 1-5 (1 - the lowest grade; 5 - the highest grade)

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| --- | --- | --- | --- | --- | --- | --- |
| Lp. | Characteristic | 1 | 2 | 3 | 4 | 5 |
| 1. | interpersonal skills |  |  |  |  |  |
| 2. | communication skills |  |  |  |  |  |
| 3. | propriety |  |  |  |  |  |
| 4. | composure |  |  |  |  |  |
| 5. | empathy |  |  |  |  |  |
| 6. | tolerance |  |  |  |  |  |
| 7. | resistance to stress |  |  |  |  |  |
| 8. | systemacity |  |  |  |  |  |
| 9. | reliability |  |  |  |  |  |
| 10. | perseverance |  |  |  |  |  |
| 11. | creativity |  |  |  |  |  |
| 12. | physical fitness |  |  |  |  |  |

Do you have formal qualifications useful in performing the function of a teaching assistant to students with special needs? If so, please describe them …………………………………………………………………………………………………

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Describe your specific preferences and expectations regarding the role of a teaching assistant to students with disabilities (type of disability, female, male, scope of tasks, etc.)

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Warsaw, date…………………………… Candidate’s signature……………………….

**Opinion of the DPD Head / Rector’s Proxy for Students with Disabilities**

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Warsaw, date…………………………… Signature ………………………………………