

Education and Consultative Services of UPMC Western Psychiatric Hospital

## Child Case Management Training: Module 4 Test Revised 4/2023

**DIRECTIONS: Complete this test after finishing Module 4 of the Child Case Management Training.** Print your name, agency information and social security number CLEARLY below. After finishing the test, sign and return this form to your supervisor.

| PLE                  | EASE PRINT CLEARLY  |   |             |
|----------------------|---|---|-------------|
| Name:Agency:         |   | Social Security Number (last five digits):<br>Today's Date: |             |
|                      |   |   |             |
| 1.                   |   |   |             |
|                      | A. Americans with Disabilities Act                                  |   |             |
|                      | B. Education of the Handicapped Act                                 |   |             |
|                      | C. Section 504 of the Rehabilitation Act of 197                     | 3   |             |
|                      | D. No Child Left Behind Act   |   |             |
| 2.                   | According to the Individuals with Disabilities Ed                   | ducation Act (IDEA):  |             |
|                      | A. If a school district has "reason to suspect" a evaluate a child. | child may need special education service                    | es, it must |
|                      | B. All children with disabilities are entitled to f                 | ree appropriate public education.                           |             |
|                      | C. Schools under public supervision do not inc                      | ude charter schools.  |             |
|                      | D. All of the above   |   |             |
| TRI                  | UE/FALSE – Indicate whether the statements bel                      | ow are TRUE or FALSE.                                       |             |
| 3.                   | In the IDEA, education is limited to academics                      | – it does not include behavior or social s                  | kills       |
|                      | training.   | True Fal  | se          |
| 4.                   | The Americans with Disabilities Act (ADA) Assu                      | res full civil rights of all individuals with               |             |
|                      | disabilities.   | True Fal  | se          |
|                      | JLTIPLE CHOICE - Please select the BEST answer t                    |   |             |
| 5.                   | Parents, in advocating for their child's education                  | on, should:   |             |
|                      | A. Make all requests verbally or in writing.                        |   |             |
|                      | B. Send written request for pertinent school re                     |   |             |
|                      | C. Keep copies of only official documents rece                      |   |             |
|                      | D. Organize all records in an "Advocacy Notebo                      | ook"  |             |
| I he                 | ereby affirm that I did complete the module indic                   | ated above:   |             |
| Par                  | rticipant's Signature   |   |             |
| Sur                  | pervisor: Please Complete   |   |             |
| Supervisor Name:     |   | Agency:   |             |
| I he                 | ereby affirm that the case manager completed M                      | odule 4 and scored more than 80% on th                      | e test.     |
| Supervisor Signature |   | Date  |             |