

Child Case Management Training: Module 1 Test
Updated 4/2020

DIRECTIONS: Complete this test after finishing Module 1 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.

PLEASE PRINT CLEARLY

Name: _____ Social Security Number (last five digits): _____
Agency: _____ Today's Date: _____

MULTIPLE CHOICE - Choose the BEST answer to each of the following three multiple choice questions.

- 1. Services provided in a clinic or special school for 3-6 hrs per day to assist a child in transitioning from or preventing inpatient treatment is an example of the following service:**
 - A. BHRS
 - B. Community Residential Rehabilitation
 - C. Partial Hospitalization
 - D. Family Based Mental Health

- 2. The philosophy for delivering BHRS services includes:**
 - A. Action-oriented
 - B. Holistic
 - C. Adopts CASSP principles
 - D. A & C only
 - E. All of the above

- 3. An appropriate role for a TSS includes:**
 - A. Respite care
 - B. Big Brother/Big Sister
 - C. Teacher
 - D. Support Service

TRUE/FALSE – Indicate whether the statement below is TRUE or FALSE.

- 4. In BHRS, service in the home can be seen as intrusive by some families.** True False

I hereby affirm that I did complete the module indicated above: _____

Participant's Signature

Supervisor: Please Complete

Supervisor Name: _____ Agency: _____

I hereby affirm that the case manager completed Module 1 and scored more than 80% on the test.

Supervisor Signature _____ Date _____