

Basic Case Management Training: Module 5 Test

DIRECTIONS: Complete this test after finishing Module 5 of the Basic 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 5 Digits): _ - _ _ _

Agency: _____ Today's Date: _____

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

- 1. Please select the BEST answer
A. The purpose of a strengths based assessment is to help the individual use his/her own resources and skills to accomplish personal goals.
B. Strengths assessment approach considers all areas of community living, not just "mental health" issues.
C. The strengths assessment outlines background information, an individual's needs, and strengths.
D. A & B only
E. All the above
2. Based on the outcome of the strengths assessment, a plan of action is developed called a _____ plan
A. Treatment
B. Monitoring
C. Service
D. Personal

TRUE/FALSE - Indicate whether each statement below is TRUE or FALSE

- 3. Regarding case notes, the consumer's name and case number should never appear together in the file. T F
4. The Mental Status Exam provides an in vivo cross section description of the patient, at the time of your examination. T F

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

- 5. What is the importance of the service plan?
A. Obtain long-term goals in baby steps
B. Continuity of care
C. Enable the individual to be a part of the development of the goals
D. All the above
6. Which is not a SMART Goal?
A. Specific
B. Measurable
C. Attainable
D. Realistic
E. Time-Bound
F. Temporary

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

Participant's Signature Date _____

Supervisor: Please Complete

Supervisor Name: _____ Agency _____

I hereby affirm that the case manager completed Module 5 and scored more than 80% on the test.

Supervisor Signature _____ Date _____