



Basic Case Management Training: Module 5 Test

DIRECTIONS: Complete this test after finishing Module 5 of the Basic Case Management Training. In order for Western Psychiatric Institute and Clinic to record that you completed this training, please print your name, agency information and social security number CLEARLY below. After finishing the test, sign where indicated 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 of 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. Strengths assessment is a formal process, and should cover aspects of life that the individual considers relevant. True False

4. The strengths assessment should be seen as a working document, which can be revised, as the individual's situation, and priorities change. True False

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 of 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

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 _____