



## Child Case Management Training: Module 5 Test

**DIRECTIONS:** Complete this test after finishing Module 5 of the Child 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 five digits): \_\_\_\_\_  
 Agency: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**MULTIPLE CHOICE - Please select the BEST answer to the following questions:**

- 1. Child abuse is any recent act or failure to act by a perpetrator which causes:**
  - A. Non-accidental serious physical injury to a child under 18 years of age
  - B. Non-accidental serious mental injury to a child under 18 years of age
  - C. Sexual abuse or sexual exploitation of a child under 18 years of age
  - D. All of the above
- 2. Child sexual abuse includes:**
  - A. Indecent assault
  - B. Indecent exposure
  - C. Incest
  - D. A & B only
  - E. All of the above
- 3. Possible outcomes of a child abuse investigation include:**
  - A. Unfounded
  - B. Guilty
  - C. Not Guilty
  - D. All of the above

**TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.**

- 4. As a mandated reporter, I am entitled to any information once the report is made.**
  - A. True
  - B. False
- 5. The Megan's Law website is an excellent resource for anyone who works with children.**
  - A. True
  - B. False

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

*Participant's Signature*

**Supervisor: Please Complete**

<b>Supervisor Name</b> _____	<b>Agency</b> _____
<b>I hereby affirm that the case manager completed Module 5 and scored higher than 80% on the test.</b>	<b>Supervisor Signature</b> _____
	<b>Date</b> _____