Training Module 425 Quiz
FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

EMPLOYEE NAME: _Yvonne Strong_   **DATE OF QUIZ:** _6-2-20_

Directions: Upon completion, please return the completed quiz and attached Training Summary Form to your Designated Coordinator (DC) or Designated Manager (DM) for review and approval.

1. Fetal alcohol syndrome (FAS) is a condition that results from _alcohol_ _exposure_ during pregnancy.

2. Place a check next to the following statements which are true about fetal alcohol syndrome:

   a. __X__ FASD is preventable.

   b. __X__ FASD is a lifelong disability.

   c. __X__ A stable, nurturing home is the single most important factor in protecting children with FASD from later problems including drug abuse, dropping out of school and encounters with the juvenile justice system.

   d. __X__ Traditional interventions do not work with FASD youth who cannot associate a consequence with a behavior.

3. The Mayo Clinic article identifies several signs of fetal alcohol syndrome. List three signs:

   a. _Distinctive facial features_

   b. _Slow physical growth before and after birth_

   c. _Vision difficulties or hearing problems_

4. According to the MN Adopt Fact Sheet, five strategies to keep in mind when working with children and adolescents with FASD are:

   a. _implement daily routines_

   b. _Create and enforce simple rules and limits_

   c. _Point out and use rewards to reinforce acceptable behavior_

   d. _guard against their being taken advantage of by others_

   e. _teach your child skills for daily living_

5. a. Please identify any questions that you have at this time regarding FASD:

   _____

   b. Identify 2 agency resources that you can use for more information and/or consultation:

   1) _March of Dimes_   2) _CDC and prevention for FASD_

KNOWLEDGE TESTING BY TRAINER

➤ **Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)** _____

_____

➤ **The employee identified above has demonstrated competency in completion of the quiz questions.**

Signature   _6/3/20_

Signature of DC or DM   Date