Beacon Specialized Living

Training Summary Form

I. **Employee:** Sagal Said **Topic:** FASD **Credit Hours:** 1 hr

II. **Description of Training Content:**

III. **Training Procedures:**

Training Format	Instructional Methods	Demonstrated Competency
____ Self Study	____ Written: ____	____ Knowledge Testing (Quiz)
____ Individualized Training	____ Oral Presentation and Dialogue	____ Observed Skill Assessment
____ Team Meeting	____ Guided Observation	____ Other: Star training
____ Owakihi Inservice	____ Guided Practice	
____ Other: ____	____ Other: ____	

IV. **Date(s):** 8/23/20 (M/D/Y) Trainer/Position: DC Max King

Time(s): ____ (AM or PM) Trainer Signature: MK

I understand the information received and my responsibilities for implementation with this company and persons served.

Employee Signature: Sagal S

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Training Module 425 Quiz
FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

EMPLOYEE NAME: SAGAL SAID **DATE OF QUIZ:** 8/23/20

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. ✓ FASD is preventable.
   b. ✓ FASD is a lifelong disability.
   c. ✓ 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. ✓ 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. Vision Deformity OF hearing Problems
   b. Distomities of Joints limbs of fengers
   c. Distinotive facial features

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. teach skills for daily Living
   d. Point out and reward to re reim force behavior acceplable
   e. gaurd a gaing Their being Taken advantage of

5. a. Please identify any questions that you have at this time regarding FASD:
   none

   b. Identify 2 agency resources that you can use for more information and/or consultation:
   1) mayo clinic 2) Dakota County

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 of DC or DM _____ **Date** 8/23/20