



Please print clearly

Date:	Name: _____	Provider #: <i>(if applicable)</i> _____
	Center Name: _____	Center #: _____ <i>(3 digits)</i>
	Address: _____	
	City: _____	State: _____ Zip: _____

Please fill out the test by hand.

1. A medical doctor who specializes in treating young children is called a podiatrist.
TRUE or FALSE
2. Usually children cannot control their muscles for toilet training until they are about 18 months old.
TRUE or FALSE
3. There are only **three** basic food groups: breads and cereals, meats, and fruits and vegetables.
TRUE or FALSE
4. Children should make their first trip to the dentist at about the same time they enter kindergarten.
TRUE or FALSE
5. Bowel training comes before bladder training.
TRUE or FALSE
6. Never have more than one child brushing his or her teeth at a sink at one time.
TRUE or FALSE
7. Vision screening should be provided annually for children over the age of 2.
TRUE or FALSE
8. Day care personnel are required by law to report suspected cases of child abuse to the local police or the Department of Human Services.
TRUE or FALSE
9. A speech pathologist can evaluate a child's overall language development and hearing as well as speech.
TRUE or FALSE



10. A child's breath with an unusually bad odor may be a clue to a health problem.
TRUE or FALSE
11. Skills of walking, running, and throwing are examples of:
a) Fine motor skills b) Gross motor skills c) Socialization
12. Serious health problems that occur suddenly or have severe symptoms are called:
a) Acute b) Chronic c) Relapsing
13. If there is evidence of eye disease, a child should be referred to:
a) an Optometrist b) an Optician c) an Ophthalmologist
14. If there is no ear disease but you suspect a hearing loss, a child should be referred to:
a) an Otologist b) an Audiologist c) an Otolaryngologist
15. Which is **NOT** true about baby teeth:
a) aids in digestion b) helps in speech c) eases sinus problems
d) space holders for permanent teeth
16. Which of the following **four** professionals can help with diagnosis and development of special plans for the child with learning disabilities?
a) Psychologist b) Educational Diagnostician c) Psychometrist
d) Resource Teacher e) Social Worker f) Psychiatrist Diagnostician

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

Signature

Date

Do not write below this line

DATE CREDIT IS ASSIGNED

PROGRAM REPRESENTATIVE

CREDIT HOURS