Please print clearly

**Name:**

**Provider #:**

*(if applicable)*

**Center Name:**

**Center #:**

*(3 digits)*

**Address:**

**City:**

**State:**

**Zip:**

***Please fill out the test by hand.***

**Date:**

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 the same time they enter kindergarten. TRUE or FALSE
5. Bowel training comes before bladder training.

TRUE or FALSE

1. Never have more than one child brushing his or her teeth at a sink at onetime. TRUE or FALSE
2. Vision screening should be provided annually for children over the age of 2. TRUE or FALSE
3. 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

1. A speech pathologist can evaluate a child’s overall language development and hearing as well as speech.

TRUE or FALSE

1. A child’s breath with an unusually bad odor may be a clue to a health problem. TRUE or FALSE
2. Skills of walking, running, and throwing are examples of:
   1. Fine motor skills b) Gross motor skills c) Socialization
3. Serious health problems that occur suddenly or have severe symptoms are called:
   1. Acute b) Chronic c) Relapsing
4. If there is evidence of eye disease, a child should be referred to:
   1. an Optometrist b) an Optician c) an Ophthalmologist
5. If there is no ear disease but you suspect a hearing loss, a child should be referred to:
   1. an Otologist b) an Audiologist c) an Otolaryngologist
6. Which is **NOT** true about baby teeth:
   1. aids in digestion b) helps in speech c) eases sinus problems

d) space holders for permanent teeth

1. 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