



All applicants who do not have a High School Diploma or Equivalent, must complete the following exam and submit the attached Reference Form with signatures before consideration for employment.

Equivalency Exam

Name: _____

Date: _____

SCORES (1-15):

1. As a Provider to individuals with development disabilities, what procedures should you follow if you notice any unusual behavior in an Individual? _____

2. How would you help an Individual learn to perform household chores (laundry, cooking, cleaning)? _____

3. Why is it important for an Individual to participate in activities in the community? _____

4. List four ways that you can communicate information with your Case Manager regarding the individual that you are serving? _____

5. Who would you contact if you notice that an Individual has a bad reaction to a medication? _____

6. Why is it important to follow recommended diet that is in place for each Individual? _____

7. Does an Individual have a right to choose what activity that they would like to do? Why? _____

Signature of Reviewer: _____