

Pre-Post Test: Early Intervention Module

Resident's Name: _____

Date of Visit: _____

Please rate your level of understanding about the following concepts:

No Understanding 1	Limited Understanding 2	Fair Understanding 3	Excellent Understanding 4		
1. The Individuals with Disabilities Act (IDEA).		1	2	3	4
2. Part C of IDEA.		1	2	3	4
3. Eligibility for Birth to Three services.		1	2	3	4
4. Assessment for Birth to Three services.		1	2	3	4
5. The Individualized Family Service Plan (IFSP).		1	2	3	4
6. The Physician's responsibility regarding the IFSP.		1	2	3	4
7. The meaning of "natural environment".		1	2	3	4
8. Procedural safeguards for families involved with early intervention services.		1	2	3	4

Please return this form to:
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