

Name \_\_\_\_\_ Date \_\_\_\_\_

## Fetal Alcohol Spectrum Disorder Training – Presentation by Barb Clark

### Post – Test

1. FASD is brain damage  
 T OR  F
2. FASD symptoms are always prevalent at a young age, screening is not necessary in later childhood.  
 T OR  F
3. It is common for children with FASD to “explode” with increased behaviors when they get home from school. This is because they do not respect their caregivers.  
 T OR  F
4. Children with FASD will quickly learn when given clear, consistent consequences.  
 T OR  F
5. Children with FASD have difficulty generalizing and transferring ideas from one situation to another.  
 T OR  F
6. Time Out is an effective discipline strategy for children with FASD.  
 T OR  F
7. When a child with FASD cannot answer a question they knew the answer to an hour ago they are likely acting out by pretending not to know.  
 T OR  F
8. Children with FASD do not need as much supervision as they grow in to their teenage years.  
 T OR  F
9. When a child with FASD is “raging” you should keep talking to the child and telling them to calm down.  
 T OR  F
10. It is common for a child with FASD to have high anxiety.  
 T OR  F
11. Circle the *inappropriate* strategy for behavior guidance:
  - a. Post picture charts to help with daily routines
  - b. Tell your child what you *want* them to do instead of what you *don't want* them to do.
  - c. Use a sticker chart to earn rewards/privileges
  - d. Use visual timers to prepare a child for a transition