

Date: _____

Score: _____

**Special Health Care Needs
Paraprofessional Training Module
(PRE)-- (POST) TEST**

Name:	
District:	
Location:	RN Trainer:

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	

Must score at least 80% to pass on Post Test (Minimum 12 out of 15)