



ALLEGHENY VALLEY SCHOOL / NORTHWESTERN HUMAN SERVICES
PROGRAM IMPLEMENTATION / ACTIVE TREATMENT
TRAINING MODULE TEST

Instructions: Answer the following questions, complete the certification statement, sign and fill in your contract information. Return the completed form using information below.

1. The core of Active Treatment is that every person has the capacity to do what?
2. Development is lifelong. **True or False**
3. What is **your** goal for the individual?
4. Who is Active Treatment based on?

I, _____ (print your name) have read this module on
_____ (date) and fully understand the document. I will receive one half hour credit for
reading this training module.

Your Signature	Date
Email	Phone#

Return Completed Form to:

rdailey@kfamilyolutions.org
Or Fax: 610-527-8672

Questions Call:

877-384-1729
(ask for Training Services Coordinator)