

NAME: \_\_\_\_\_

## **ABUSE-NEGLECT-SUICIDE-ATTEMPTED SUICIDE QUIZ**

Please answer all questions by circling true or false. Once complete, return this to the Director of Human Resources within one week of receipt.

If your answers are not all correct, you will be asked to re-review the material.

---

1 Signs of physical child abuse include apathy, depression, hostility and difficulty concentrating.

TRUE

FALSE

2 Observations of abuse/neglect need to be reported to your supervisor, VP of Program Services or the UCP President immediately.

TRUE

FALSE

3 Suicide attempts far outnumber completed suicides.

TRUE

FALSE

4 Early signs of suicide/attempted suicide include: depression, statements of guilt, tension or anxiety, nervousness or impulsiveness.

TRUE

FALSE

5 Neglect is failing to appropriately supervise an individual per the individual's treatment plan

TRUE

FALSE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date