



**Additional Credit Assignment**  
**“Trauma Informed Caregiving for Resource Families”**  
ACRF Rural Teleconference Series

*Session 1: Understanding Trauma’s Effects “My Child” Worksheet*  
**1.0 Hour**

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_  
*Only one person per questionnaire. Feel free to make additional copies if needed.*

**ADDRESS:** \_\_\_\_\_  
*Street or Post Office* *City/State* *Zip*

**EMAIL:** \_\_\_\_\_

**YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)*

Are you a foster parent?  YES  NO If YES, what is your Foster Home License #: \_\_\_\_\_

If NO, please check one:  Pending Foster Parent  OCS  Birth Parent  Adoptive Parent

Residential Treatment Facility (License #: \_\_\_\_\_)  Agency: \_\_\_\_\_

Other *(please specify)*: \_\_\_\_\_

**INSTRUCTIONS:** Using the information you learned in the rural teleconference series “Trauma Informed Caregiving for Resource Families,” please fill out this questionnaire and

**RETURN TO:**  
The Alaska Center for Resource Families  
815 Second Avenue Suite 101  
Fairbanks, AK 99701  
Or fax it to: 907-479-9666  
Or email to: [acrif@nwresource.org](mailto:acrif@nwresource.org)

**“My Child” Worksheet, Module 1: Introductions**

**Name**

**Age**

**What I know about my child’s life before coming into my home**

**What I’d like to know**

**“My Child” Worksheet, Module 2: Trauma 101**

**My child’s traumas and losses (see “Trauma and Loss Inventory,” on back, for help)**

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**My child’s reaction to trauma**

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**My child’s strengths to build on**

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# For Reference

## Trauma and Loss Inventory

Below are some of the most common types of traumas and losses that children in the foster care system have experienced or been exposed to. Review the list and check off all the experiences that apply to your child, and the child's age (or age range) at the time the trauma occurred.

Experience	Yes/No	Age At Time
Natural disaster		
Serious accident		
Serious personal injury (physical assault, rape)		
Serious illness		
Death of a parent or other important adult		
Serious injury or illness of a parent or other important adult		
Death of a sibling		
Serious injury or illness of a sibling		
Death of a friend		
Serious injury or illness of a friend		
Witnessing serious injury or death of another person		
Separation/divorce of parents		
Witnessing interpersonal violence (domestic violence, community violence, etc.)		
Psychiatric illness in parent, caregiver, or close family member		
Alcohol or drug abuse in parent, caregiver, or close family member		
Physical abuse		
Exposure to sexual activities of others		
Sexual abuse		