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

Session 2: Building a Safe Place “My Child” Worksheet
1.0 Hour

NAME: __________________________________________ PHONE NO.: ______________________

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: acrf@nwresource.org
<table>
<thead>
<tr>
<th>“My Child” Worksheet, Module 4: Building a Safe Place</th>
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<tbody>
<tr>
<td>My trauma-informed safety message to my child</td>
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<tr>
<td>My child’s trauma reminders and reactions</td>
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