



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.:** _____
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: acrf@nwresource.org

“My Child” Worksheet, Module 4: Building a Safe Place

My trauma-informed safety message to my child

My child’s trauma reminders and reactions