



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

Session 3: Dealing with Feelings and Behaviors “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

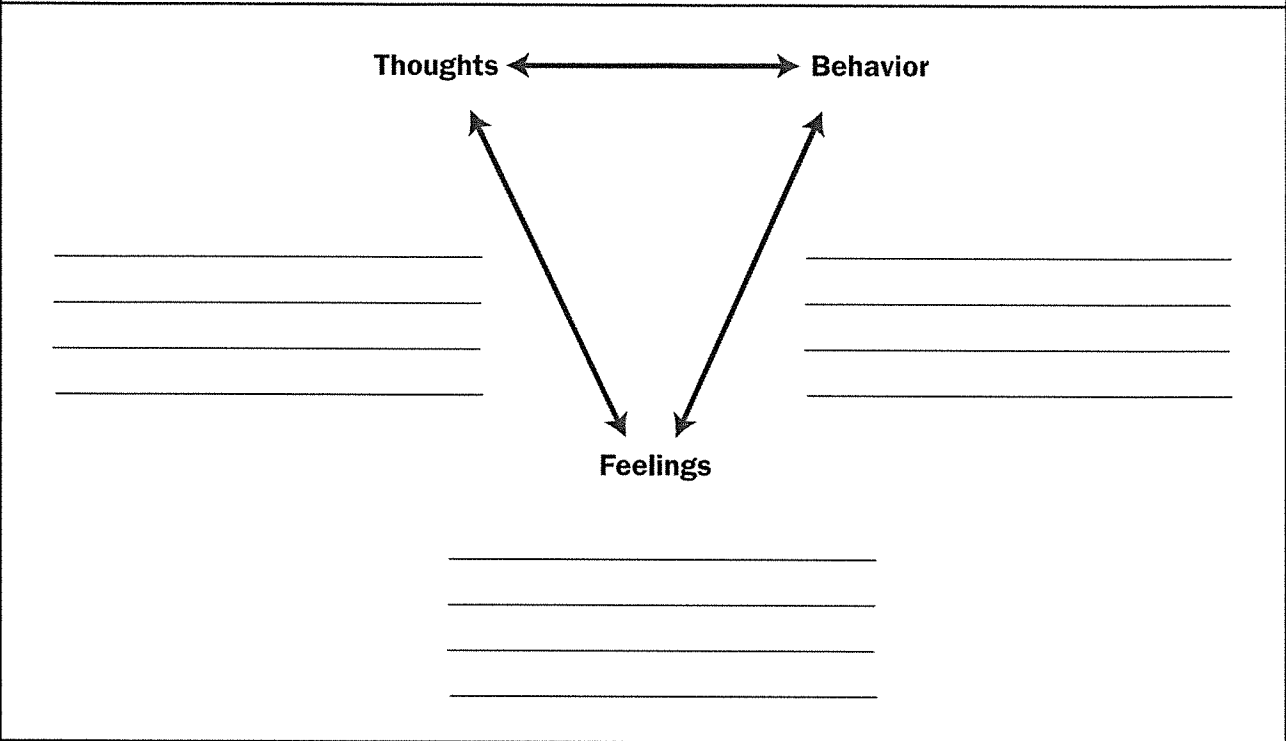
Fairbanks, AK 99701

Or fax it to: 907-479-9666

Or email to: acrf@nwresource.org

“My Child” Worksheet, Module 5: Dealing with Feelings and Behaviors

My child’s cognitive triangle (complete for a problem behavior you would like to change)



How I can help to change my child’s triangle

Blank space for writing responses to the question "How I can help to change my child’s triangle".