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.: __________________________

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)

Thoughts ⟷ Behavior

Feelings

How I can help to change my child’s triangle