



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 6: Connections and Healing

My child's connections

Name	Role in my child's life	Relationship with my child

Steps I can take to help my child . . .

Feel safe when talking about trauma

Build connections across the disruptions in his or her life

Look positively toward the future