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 6: Connections and Healing

**My child’s connections**

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<th>Name</th>
<th>Role in my child’s life</th>
<th>Relationship with my child</th>
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**Steps I can take to help my child . . .**

1. Feel safe when talking about trauma
2. Build connections across the disruptions in his or her life
3. Look positively toward the future