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

Session 5: Becoming an Advocate “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 7: Becoming an Advocate

My child’s team (expand as needed)

Advocating for my child

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<th>Team Member</th>
<th>Actions we can take to work in more effective/trauma-informed ways</th>
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