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

Session 6: Taking Care of Yourself "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 Self-Care Plan

From now on, I’ll make time to take care of myself by doing the following at least . . .

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