

**CTAC Trauma Screening Checklist: Identifying Children at Risk
Ages 0-5**

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

- Are you aware of or do you suspect the child has experienced any of the following:
 - Known or suspected exposure to drug activity *aside from parental use*
 - Known or suspected exposure to any other violence *not already identified*
 - Impaired Parenting (i.e. Parent Mental Illness or Parental substance abuse)
 - Multiple separations from parent/ caregiver, including out of home placement (s)
 - Frequent and multiple moves or homelessness
 - Suspected neglectful home environment
 - Suspected or known Prenatal Exposure to Alcohol/Drugs or Maternal Stress
 - Physical abuse
 - Emotional abuse
 - Exposure to domestic violence
 - Significant loss of people, places etc.
 - Sexual abuse or exposure
 - Hospitalization (s) Age? _____ Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention.

Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

- Does the child show any of these behaviors:
 - Excessive aggression or violence towards self or others
 - Repetitive violent and/or sexual play (or maltreatment themes)
 - Explosive behavior (excessive and prolonged tantruming)
 - Disorganized (sudden changes/extremes) in behavioral states (i.e. attention, play)
 - Very withdrawn or excessively shy
 - Bossy and demanding behavior with adults and peers
 - Sexual behaviors not typical for child's age
 - Difficulty with sleeping or eating
 - Regressed behaviors (i.e. toileting, play)
 - Lags in social/developmental skills
 - Other _____
- Does the child exhibit any of the following emotions or moods:
 - Chronic sadness, doesn't seem to enjoy any activities.
 - Very flat affect or unresponsive behavior
 - Quick, explosive anger
 - Other _____
- Is the child having relational and/or attachment difficulties?
 - Lack of eye contact
 - Sad or empty eyed appearance
 - Overly friendly with strangers (lack of appropriate stranger anxiety)
 - Vacillation between clinginess and disengagement and/or aggression
 - Failure to reciprocate (i.e. hugs, smiles, vocalizations, play)
 - Failure to seek comfort when hurt or frightened
 - Other _____

When checklist is completed, please fax to:

Child's First Name: _____ **Age:** _____ **Gender:** _____
County: _____ **Date:** _____

**CTAC Trauma Screening Checklist: Identifying Children at Risk
Ages 6-18**

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:

<input type="checkbox"/> Known or suspected exposure to drug activity <i>aside from parental use</i>	
<input type="checkbox"/> Known or suspected exposure to any other violence <i>not already identified</i>	
<input type="checkbox"/> Impaired Parenting (i.e. Parental alcohol/substance abuse or Mental Illness)	
<input type="checkbox"/> Multiple separations from parent or caregiver	
<input type="checkbox"/> Frequent and multiple moves or homelessness	
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Prenatal Exposure to Alcohol/Drugs
<input type="checkbox"/> Suspected neglectful home environment	<input type="checkbox"/> or Maternal Stress
<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Out of Home Placement(s) including
<input type="checkbox"/> Exposure to domestic violence	<input type="checkbox"/> Hospitalization/Foster Care Placement
<input type="checkbox"/> Sexual abuse or exposure	<input type="checkbox"/> Loss of Significant people, places etc.
<input type="checkbox"/> Bullying	<input type="checkbox"/> Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:
 - Excessive aggression or violence towards self
 - Excessive aggression or violence towards others
 - Explosive behavior (Going from 0-100 instantly)
 - Hyperactivity, distractibility, inattention
 - Very withdrawn or excessively shy
 - Oppositional and/or defiant behavior
 - Sexual behaviors not typical for child's age
 - Peculiar patterns of forgetfulness
 - Inconsistency in skills
 - Other _____
3. Does the child exhibit any of the following emotions or moods:
 - Excessive mood swings
 - Chronic sadness, doesn't seem to enjoy any activities.
 - Very flat affect or withdrawn behavior
 - Quick, explosive anger
 - Other _____
4. Is the child having problems in school?
 - Low or failing grades
 - Inconsistent or sudden changes in performance
 - Difficulty with authority
 - Attention and/or memory problems,
 - Other _____

When checklist is completed, please fax to:

Child's First Name: _____ **Age:** _____ **Gender:** _____
County/Site: _____ **Date:** _____