

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

Instructions:

- 1. This checklist is to be used as a prompt for the OCS worker to explore how trauma may be a factor in impacting the child’s well-being and ability to function. The checklist is to be used as a guide to consider whether a mental health assessment and/or mental health services should be included in the child’s case plan.**
- 2. Important considerations:**
 - a. Non-traumatized children may present one or more of these behaviors depending on various factors such as personality, temperament, intelligence, maturity (or lack thereof), media exposure, mental illness, or modeling.**
 - b. Non-traumatized Alaska Native children may present with one or more of these behaviors according to their cultural norms and traditions. Please see CPS Manual section 2.9.1 for more information regarding cultural considerations prior to screening Alaskan Native families.**
- 3. For tribal members, it is preferable for the caseworker to complete this checklist with a tribal ICWA worker who has also observed the child.**
 - a. In cases where collaboration on the checklist is not possible, the caseworker should ask the tribal ICWA worker to complete a checklist independently.**
- 4. The caseworker should corroborate with the child’s teachers, daycare providers, and caretakers in the completion of this checklist.**
- 5. If an item is marked that could be perceived as culturally appropriate, the caseworker should include observations supporting this item in the Narrative (below).**

NARRATIVE: _____



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Please check each area where the item is suspected.

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

- ☐ Physical abuse
- ☐ Neglect
- ☐ Emotional abuse
- ☐ Exposure to domestic violence
- ☐ Known or suspected exposure to drug activity *aside from parental use*
- ☐ Known or suspected exposure to any other violence *not already identified*
- ☐ Parental drug use/substance abuse
- ☐ Multiple separations from parent or caregiver
- ☐ Frequent and multiple moves or homelessness
- ☐ Sexual abuse or exposure
- ☐ Other _____

2. Does the child show any of these behaviors:

- ☐ Excessive aggression or violence towards self
- ☐ Excessive aggression or violence towards others
- ☐ Explosive behavior
- ☐ 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- ☐ Very withdrawn or excessively shy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
- ☐ Self-destructive behaviors
- ☐ Struggles with developing positive relationships
- ☐ 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
- ☐ Excessive Impulsivity
- ☐ Other _____

4. Is the child having problems in school?

- ☐ Low or failing grades
- ☐ Inadequate performance
- ☐ Difficulty with authority
- ☐ Attention and/or memory problems
- ☐ Difficulty engaging in activities
- ☐ Difficulty during transitions in the day
- ☐ Other _____

Child's Name: _____ **Age:** _____ **Gender:** ____ **Date:** _____

Regional Office: _____ **Worker Name:** _____

Child's Tribe: _____

