SOUTHWEST MICHIGAN Children's Trauma Assessment Center

NCTSN The National Child Traumatic Stress Network

Trauma Informed System Initiative

Ages 6–18

CTAC Trauma Screening Checklist: Identifying Children at Risk

Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the child's functioning and needs.
Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.

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

_____ Physical abuse
_____ Neglectful home environment
_____ Emotional abuse
_____ Exposure to domestic violence
_____ Exposure to other chronic violence
_____ Sexual abuse or exposure
_____ Parental substance abuse
_____ Impaired parenting (mental illness)
_____ Exposure to drug activity *aside from parental use*
_____ Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
_____ Lengthy or multiple separations from parent
_____ Placement outside of the home (foster care, kinship care, residential)
_____ Loss of significant people, places etc.
_____ Frequent/multiple moves; homelessness
_____ Other _____

Even if no areas are checked above, but multiple concerns are present below, further assessment may still be indicated, as there is a strong relationship between the following areas and trauma exposure.

2. Does the child show any of these behaviors:

_____ Aggression towards self; self-harm
_____ Excessive aggression or violence towards others
_____ Explosive behavior (Going from 0-100 instantly)
_____ Hyperactivity, distractibility, inattention
_____ Excessively shy
_____ Oppositional and/or defiant behavior
_____ Sexual behaviors not typical for age
_____ Difficulty with sleeping, eating, or toileting
_____ Social/developmental delays in comparison to peers
_____ Other _____

3. Does the child exhibit any of the following emotions or moods:

_____ Excessive mood swings
_____ Frequent, intense anger
_____ Chronic sadness, doesn't seem to enjoy any activities, depressed mood
_____ Flat affect, very withdrawn, seems emotionally numb or "zoned out"
_____ Other _____

4. Does the child have any of the following problems in school:

_____ Low or failing grades
_____ Attention and/or memory problems
_____ Sudden change in performance
_____ Difficulty with authority/frequent behavior referrals
_____ Other _____

5. Does the child have any relational/attachment difficulties?

_____ Lack of eye contact, or avoids eye contact
_____ Lack of appropriate boundaries in relationships
_____ Does not seek adult help when hurt or frightened

Child's Name or Identifier: _____ **Age:** _____ **Sex:** _____

County/Site: _____ **Race:** _____ **Date:** _____