

Ages 0–5

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:

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

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:

- | | |
|--|---|
| <input type="checkbox"/> Aggression towards self; self-harm | <input type="checkbox"/> Sexual behaviors not typical for age |
| <input type="checkbox"/> Excessive aggression or violence towards others | <input type="checkbox"/> Difficulty with sleeping, eating, or toileting |
| <input type="checkbox"/> Explosive behavior (Going from 0-100 instantly) | <input type="checkbox"/> Social/developmental delays in comparison to peers |
| <input type="checkbox"/> Hyperactivity, distractibility, inattention | <input type="checkbox"/> Repetitive violent and/or sexual play (or maltreatment themes) |
| <input type="checkbox"/> Excessively shy | <input type="checkbox"/> Unpredictable/sudden changes in behavior (i.e., attention, play) |
| <input type="checkbox"/> Oppositional and/or defiant behavior | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> Excessive mood swings | <input type="checkbox"/> Flat affect, very withdrawn, seems emotionally numb or "zoned out" |
| <input type="checkbox"/> Frequent, intense anger | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chronic sadness, doesn't seem to enjoy any activities, depressed mood | |

4. Does the child have any of the following relational/attachment difficulties:

- | | |
|--|--|
| <input type="checkbox"/> Lack of eye contact, or avoids eye contact | <input type="checkbox"/> Doesn't reciprocate when hugged, smiled at, spoken to |
| <input type="checkbox"/> Sad or empty eyed appearance | <input type="checkbox"/> Doesn't seek comfort when hurt or frightened; shakes it off, or doesn't seem to feel it |
| <input type="checkbox"/> Overly friend with strangers (lack of appropriate stranger anxiety) | <input type="checkbox"/> Has difficulty in preschool or daycare |
| <input type="checkbox"/> Vacillation between clinginess and disengagement and/or aggression | <input type="checkbox"/> Other _____ |

Child's Name or Identifier: _____ **County/Site** _____

Age: _____ **Sex:** _____ **Race** _____

Your name (who is filling out this form?) _____ **Date** _____