|  |  |  |
| --- | --- | --- |
| **NAME:** | **AGE:** | **DATE:** |
| **Assessment Findings:**  |
| **History of:** | [ ]  Foster Care | [ ]  Kinship Care | [ ]  Institutional / Orphanage Care | [ ]  Adoption |
| **Trauma Screen: History (Check all that apply)** |
| [ ]  Sexual Abuse[ ]  Serious Accident or Illness[ ]  Emotional Abuse[ ]  Neglect | [ ]  Domestic Violence[ ]  Traumatic Death[ ]  Community Violence[ ]  Physical Abuse | [ ]  Systems-Induced Trauma (ie: removal from home, multiple placements, separation from siblings)[ ]  Other |
| **Current Traumatic Stress Reactions / Behaviors / Functioning (Check all that apply)** |
| Intrusion [ ]  re-experiencing (intrusive memories, repetitive play scenarios, dreams / nightmares, flashbacks)  | [ ]  physiological / psychological reactions to reminders of traumatic event |
| avoidance [ ]  avoiding activities, people, places[ ]  dissociation[ ]  feelings of detachment / social withdrawal  | [ ]  decreased interest in activities[ ]  limited range of affect |
| arousal / reactivity [ ]  anxiety, irritability[ ]  self-harm[ ]  oppositional behaviors[ ]  conduct problems exaggerated startle, difficulty concentrating | [ ]  hypervigilence[ ]  somatic / physical complaints[ ]  difficulties with emotional / behavioral regulation (anger, tantrums, impulsivity, aggression), difficulties with physiologic regulation (sleeping, eating, bowel / bladder function) |
| negative mood / cognition[ ]  negative expectations / emotional state[ ]  inability to experience positive emotions | [ ]  depression [ ]  difficulties with attention / concentration | [ ]  regression (behavior, skills)[ ]  traumatic grief |
| **Developmental Issues:**  |
| [ ]  Developmental delay / Intellectual disability | [ ]  Poor school performance | [ ]  Symptoms of prenatal alcohol exposure  | [ ]  Other |
| **Medical Issues:** |
| **Recommendations:** |
| [ ]  Parenting strategies for home: Handouts provided |
| [ ]  Trauma-informed mental health evaluation / treatment |
| [ ]  Psychiatric evaluation: |
| [ ]  School evaluation: Letter of request for evaluation by special education department |
| Additional recommendations / medical evaluations: |
| [ ]  Vision: | [ ]  Specialist referral: |
| [ ]  Hearing: | [ ]  Other: |
| [ ]  Bloodwork / laboratory studies: |
| **Resources:** |
| Local:  |
| **National Childhood Traumatic Stress Network**  www.nctsn.org(search: What is child traumatic stress, Invisible suitcase, Caring for children who have experienced trauma) **Healthy Foster Care America**  www.aap.org/fostercare (see Resource Library)**American Academy of Pediatrics – Healthy Children** www.healthychildren.org |
| **Follow-up** |
| **Doctor Name:** |  | **Address:** |
| **Phone:** | **Fax:** |

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