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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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