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

3. Does the child exhibit any of the following emotions or moods:
   - Excessive mood swings
   - Flat affect, very withdrawn, seems emotionally numb or “zoned out”
   - Frequent, intense anger
   - Other __________________________
   - Chronic sadness, doesn’t seem to enjoy any activities, depressed mood

4. Does the child have any of the following problems in school:
   - Low or failing grades
   - Difficulty with authority/frequent behavior referrals
   - Attention and/or memory problems
   - Sudden change in performance
   - 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: __________