



Resiliency Center for Families and Children Trauma Assessment Referral Form

Child's Name: _____

Date of Birth: _____ **Child's age:** _____

Sex assigned at birth: Male Female Intersex

We care about understanding who you are. If you don't see yourself reflected in the categories provided below, please use the text boxes to write in your answer

Gender Identity: Male Female Non-binary / Gender Nonconforming
 Questioning / Not sure Prefer not to say
 Not listed. Please describe: _____

Ethnicity: Hispanic or Latino/a non-Hispanic or Latino/a

Race: (if multiracial please check all that apply)

- American Indian or Alaska Native White / Caucasian
- Asian Native Hawaiian / Pacific Islander
- Black or African American Prefer not to say
- Another Race Not Listed. Please describe: _____

Primary language(s) spoken in the home:

- English Other Language(s). Please describe: _____

Primary Caregiver(s) Information

Name(s): _____

Relationship to child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Additional Caregiver(s) Information

Name(s): _____

Relationship to child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Contact Information of Referring Person

Referring Person: _____

Agency: _____

Phone Number: _____ Email Address: _____

Reason for Referral: Please include the following information: any traumatic experiences or exposures, foster care placements or CPS involvement, impact that the experiences have had on the child, concerns regarding the child's mental health, ability to learn, developmental concerns, concerns regarding Autism, Fetal Alcohol Syndrome, or any other diagnoses, and any other information that you feel is helpful to share.

What are the current custody arrangements for the child?

Full custody

Joint legal, full physical custody

Joint legal and physical custody

Guardianship

Other – please explain: _____

Are there any plans to request change in the custody arrangements?

Yes

No

If yes, please explain:

Is the child adopted? Yes

No

If yes, when was the adoption finalized? Please include any other necessary information.

Is this child or members of the family currently involved with Child Protective Services or the Foster Care System?

Yes

No

If yes, please explain:

Is this child involved with the Juvenile Justice System?

Yes

No

If yes, please explain:

Medical Information

Does the child have a Primary Care Provider? Yes No

Provider's Name: _____

Provider's Practice: _____

Provider's Phone Number: _____

Are there any medical concerns or diagnoses for the child? Yes No

If yes, please explain:

Is the child currently taking any medications? Yes No

If yes, please list the medications and the dosages:

Are there concerns for possible Fetal Alcohol Exposure or Prenatal Drug Exposure?

Yes No

Additional Information

What school does the child attend? _____

Does the child have an IEP or 504 plan? Yes No

Are there other children in the home? Yes No

If yes, please complete the following section:

Other Children's Names	Age	Gender

Does the child currently receive additional services (Early On, Special Education, speech and language services, occupational therapy.)? Yes No

If yes, please list services and providers of the child:

Is the child working with a mental health therapist? Yes No

Therapist Name: _____

Agency: _____

Phone: _____ Email: _____

Is there any additional information that you would like the Resiliency Center to know?

Please complete the attached Trauma Symptom Checklist (Henry, Black-Pond & Richardson, 2010) by marking known or suspected trauma exposure, as well as other concerns the child may present with. For children 0-5 years old, please complete the section starting on page 6. For children 6 and up, please complete the section starting on page 7:

Children 0-5:

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

Behavioral Signs of Trauma:		
	Aggression towards self; self-harm	Sexual behaviors not typical for age
	Excessive aggression or violence towards others	Difficulty sleeping, eating, or toileting
	Explosive behavior (going from 0-100 instantly)	Social/developmental delays in comparison to peers
	Hyperactivity, distractibility, inattention	Repetitive violent and/or sexual play (or maltreatment themes)
	Excessively shy	Unpredictable/sudden changes in behavior (i.e., attention, play)
	Oppositional and/or defiant behavior	Other:

Emotional Signs of Trauma:		
	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	

Relational/Attachment Difficulties:		
	Lack of eye contact or avoids eye contact	Doesn’t reciprocate when hugged, smiled at, spoken to
	Sad or empty eyed appearance	Doesn’t seek comfort when hurt or frightened; shakes it off, or doesn’t seem to feel it
	Overly friendly with strangers (lack of appropriate stranger anxiety)	Has difficulty in preschool or daycare
	Vacillation between clinginess and disengagement and/or aggression	Other:

Children 6+

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

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

Emotional Signs of Trauma:		
	Excessive mood swings	Flat affect, very withdrawn, seems emotionally numb or "zoned out"
	Frequent, intense anger	Other:
	Chronic sadness, does not seem to enjoy any activities, depressed mood	

Difficulties in School:		
	Low or failing grades	Difficulty with authority/frequent behavior referrals
	Attention and/or memory problems	Other:
	Sudden changes in performance	

Relational/Attachment Difficulties:		
	Lack of eye contact or avoids eye contact	Does not seek adult help when hurt or frightened
	Lack of appropriate boundaries in relationships	Other:

Well-being Survey

TO BE ANSWERED BY THE PARENT/CAREGIVER OF A CHILD/TEEN (2 to 12 years old)

For each item, please mark the box for "Not True", "Somewhat True", or "Certainly True". It would help us if you answered all the questions as best you can even if you are not absolutely certain. Please, give your answers based on the child's behavior over the *last 6 months or this school year*.

	Not True	Somewhat True	Certainly True	Does not apply
1. Considerate of other people's feelings	()	()	()	()
2. Restless, overactive, cannot stay still for long	()	()	()	()
3. Often complains of headaches, stomach-aches, or sickness	()	()	()	()
4. Shares readily with other children, e.g., toys, treats, pencils	()	()	()	()
5. Often loses temper	()	()	()	()
6. Rather solitary, prefers to play alone	()	()	()	()
7. Generally well behaved, usually does what adults request	()	()	()	()
8. Many worries or often seems worried	()	()	()	()
9. Helpful if someone is hurt, upset, or feeling ill	()	()	()	()
10. Constantly fidgeting or squirming	()	()	()	()
11. Has at least one good friend	()	()	()	()
12. Often fights with other children or bullies them	()	()	()	()
13. Often unhappy, depressed, or tearful	()	()	()	()
14. Generally liked by other children	()	()	()	()
15. Easily distracted, concentration wanders	()	()	()	()
16. Nervous or clingy in new situations, easily loses confidence	()	()	()	()
17. Kind to younger children	()	()	()	()
18. Often lies or cheats	()	()	()	()
19. Picked on or bullied by other children	()	()	()	()
20. Often offers to help others (parents, teachers, other children)	()	()	()	()
21. Thinks things out before acting	()	()	()	()
22. Steals from home, school, or elsewhere	()	()	()	()
23. Gets along better with adults than with other children	()	()	()	()
24. Many fears, easily scared	()	()	()	()
25. Good attention span, sees work through to the end	()	()	()	()

Please send any documentation that you believe would be beneficial for the Resiliency Center with this referral (school plans, court documents, medical documents, any other reports/testing for the child, etc.). Referrals can be emailed to chhs-rcat@wmich.edu. If you have any questions regarding this referral or services offered at the Resiliency Center, please call (269) 387-7073.