

## Screening Checklist: Identifying Children at Risk Ages 0-5

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:
  - ☐ Physical abuse
  - ☐ Suspected neglectful home environment
  - ☐ Emotional abuse
  - ☐ Exposure to domestic violence
  - ☐ Known or suspected exposure to drug activity *aside from parental use*
  - ☐ Known or suspected exposure to any other violence *not already identified*
  - ☐ Parental drug use/substance abuse
  - ☐ Multiple separations from parent or caregiver
  - ☐ Frequent and multiple moves or homelessness
  - ☐ Sexual abuse or exposure
  - ☐ Other \_\_\_\_\_

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention.

Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:
  - ☐ Excessive aggression or violence towards self or others
  - ☐ Repetitive violent and/or sexual play (or maltreatment themes)
  - ☐ Explosive behavior (excessive and prolonged tantruming)
  - ☐ Disorganized behavioral states (i.e. attention, play)
  - ☐ Very withdrawn or excessively shy
  - ☐ Bossy and demanding behavior with adults and peers
  - ☐ Sexual behaviors not typical for child's age
  - ☐ Difficulty with sleeping or eating
  - ☐ Regressed behaviors (i.e. toileting, play)
  - ☐ Other \_\_\_\_\_
3. Does the child exhibit any of the following emotions or moods:
  - ☐ Chronic sadness, doesn't seem to enjoy any activities.
  - ☐ Very flat affect or withdrawn behavior
  - ☐ Quick, explosive anger
  - ☐ Other \_\_\_\_\_
4. Is the child having relational and/or attachment difficulties?
  - ☐ Lack of eye contact
  - ☐ Sad or empty eyed appearance
  - ☐ Overly friendly with strangers (lack of appropriate stranger anxiety)
  - ☐ Vacillation between clinginess and disengagement and/or aggression
  - ☐ Failure to reciprocate (i.e. hugs, smiles, vocalizations, play)
  - ☐ Failure to seek comfort when hurt or frightened
  - ☐ Other \_\_\_\_\_

When checklist is completed, please fax to:

Child's First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

County: \_\_\_\_\_ Date: \_\_\_\_\_

Henry, Black-Pond, & Richardson (2010)

Western Michigan University

Southwest Michigan Children's Trauma Assessment Center (CTAC)

**Screening Checklist: Identifying Children at Risk  
Ages 6-18**

**Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.**

1. Are you aware of or do you suspect the child has experienced any of the following:
  - ☐ Physical abuse
  - ☐ Suspected neglectful home environment
  - ☐ Emotional abuse
  - ☐ Exposure to domestic violence
  - ☐ Known or suspected exposure to drug activity *aside from parental use*
  - ☐ Known or suspected exposure to any other violence *not already identified*
  - ☐ Parental drug use/substance abuse
  - ☐ Multiple separations from parent or caregiver
  - ☐ Frequent and multiple moves or homelessness
  - ☐ Sexual abuse or exposure
  - ☐ Other \_\_\_\_\_

**If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.**

2. Does the child show any of these behaviors:
  - ☐ Excessive aggression or violence towards self
  - ☐ Excessive aggression or violence towards others
  - ☐ Explosive behavior (Going from 0-100 instantly)
  - ☐ Hyperactivity, distractibility, inattention
  - ☐ Very withdrawn or excessively shy
  - ☐ Oppositional and/or defiant behavior
  - ☐ Sexual behaviors not typical for child's age
  - ☐ Peculiar patterns of forgetfulness
  - ☐ Inconsistency in skills
  - ☐ Other \_\_\_\_\_
3. Does the child exhibit any of the following emotions or moods:
  - ☐ Excessive mood swings
  - ☐ Chronic sadness, doesn't seem to enjoy any activities.
  - ☐ Very flat affect or withdrawn behavior
  - ☐ Quick, explosive anger
  - ☐ Other \_\_\_\_\_
4. Is the child having problems in school?
  - ☐ Low or failing grades
  - ☐ Inadequate performance
  - ☐ Difficulty with authority
  - ☐ Attention and/or memory problems,
  - ☐ Other \_\_\_\_\_

**When checklist is completed, please fax to:**

**Child's First Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**County/Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_