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   - Very withdrawn or excessively shy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   - Very flat affect or withdrawn behavior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: _________

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