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   ____ Very withdrawn or excessively shy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   ____ Very flat affect or withdrawn behavior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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