“Child I Care About” Worksheet

Child’s Name (First name only): ____________________________  Child’s Age: _______

1.) What I know about the child’s life before I came into contact with them. What type/types of trauma did the child experience?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2.) Pick one trauma experience from the list above and write it in the blank:
from what you know, was this trauma an example of acute, chronic, or complex trauma?

3.) Does the child’s survival in the moment responses look like fight, flight, or freeze? How may this behavior have been helpful during times of threat?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4.) Caregivers often find it easier to identify children who fight or flee but often miss children who freeze. Why do you think this is? How does it bring increased risk when caregivers miss identifying children who froze?
________________________________________________________________________________________

5.) How does your child look when they are regulated? What may they be:
   a. Thinking ______________________________________
   b. Feeling ________________________________________
   c. Doing _________________________________________

6.) How does your child look when they are revving? What may they be:
   a. Thinking ______________________________________
   b. Feeling ________________________________________
   c. Doing _________________________________________

7.) How does your child look when they are re-experiencing? What may they be:
   a. Thinking ______________________________________
   b. Feeling ________________________________________
   c. Doing _________________________________________

8.) How does your child look when they are reconstituting? What may they be:
   a. Thinking ______________________________________
   b. Feeling ________________________________________
   c. Doing _________________________________________