

## 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  - Very withdrawn or excessively shy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  - Very flat affect or withdrawn behavior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:** \_\_\_\_\_

**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:** \_\_\_\_\_