



## ***The Wisconsin Trauma Project***

### ***Trauma-informed Parenting Workshop Participant Information Form***

The purpose of this form is to help inform the trainers of any potential situations that may arise during the course of the workshop, please feel free to provide only the information you feel comfortable sharing on behalf of the participant. All info will be kept confidential. Use other side if more space is needed. Thank you.

|   |                   |  |  |
|---|-------------------|--|--|
| <b>Participant's Name/phone #:</b>  |                   | Circle one if applies: Birth/Adoptive/Foster or Relative Caregiver |  |
| <b>Professional /support participant</b><br>Name/Involvement/and phone #:   |                   |  |  |
| Child's Name/Age:   |                   | Placement type:<br>Provider:                                       |  |
| Child's Name/Age:                      Resides in (City):   |                   | Placement type:<br>Provider:                                       |  |
| Referral made by:<br>Additional Information:  |                   |  |  |
| Child Trauma Exposure (identified through worker screening or clinical screening/assessment) Circle all that may apply: |                   |  |  |
| Neglect   | Sexual Abuse      | Parental Abandonment   |  |
| Serious Accident/Illness  | Domestic Violence | Parental Incarceration   |  |
| Physical Abuse  | Parental AODA     | Parental Mental Illness  |  |
| Emotional Abuse   | Traumatic Death   | Removal from Home  |  |
| Other:  |                   |  |  |
| What barriers do you anticipate there may be for this caregiver in being part of this workshop?                         |                   |  |  |
| Trauma exposure of the caregiver?   |                   |  |  |
| Are there any trauma triggers for this caregiver that the trainers should be aware of?                                  |                   |  |  |