

Date:

Person completing this form:

Building Healthy Relationships with Children Who Have Experienced Trauma 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.

Who were you referred by?		Referral person's Level of Involvement:	
Family/caregiver: Participant's Name: Phone Number: Participant's Email Address:		Circle one if applies: Birth/Adoptive parent or Relative Caregiver Other: Please identify	
Professional /support person workshop attendee: Participant's Name/Involvement or work place: Phone Number and Email:			
Child's Name/Age Living with parent? Y or N		Placement type: Provider: Childcare needed?	
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Child(rens') Trauma Exposure (identified through worker screening or clinical screening/assessment) Circle or highlight all that may apply even if for different children:			
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 notes: Notes for other identified traumas: Trauma exposure of the caregiver/adult participant? No / Yes As a child? As an adult?			

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Notes:

What barriers do you anticipate there may be for this participant in being part of this workshop? Are there any special accommodations needed for adult or child?

Are there any trauma reminders for this caregiver/adult participant that the trainers should be aware of? No / Yes How can we help?

Any additional notes: