

Assessing Adjustment after Burn Injury

The following assessment forms have been developed to assist you in monitoring your child's or student's adjustment to school reentry over time. You will find a copy for the parent, the counselor, the teacher and the student. We recommend that this group of people fill out the form at one month, three months, and six months or as needed over the course of the student's adjustment. If possible, you can use these documents as a tool during parent-teacher conferences or bring together a care meeting with all parties if deemed necessary.

Please note that the forms indicate when you should seek professional assistance for a child in need. Trauma and grief symptoms can surface many months after the injury and should be treated with care and concern to help your child/student heal emotionally.

If you need further assistance or emotional support, contact your hospital social worker, school counselor, or physician for more information. You can find further resources in the resource section of this binder.

Assessing Adjustment after Burn Injury

Dear Parents/Guardians,

The following questions have been developed to help you evaluate how your child is adjusting to his return to school and normal life activities. Please thoughtfully review the questions and share any concerns with your pediatrician or your child's counselor. We also encourage the child, child's teacher, and school counselor/social worker to fill out the corresponding questionnaires to get the best overall view of your child's adjustment. Repeat this form at one month, three months, six months, and one year after your child's return to life and school.

If your child is not getting back on track with school, friends, and at home within a few weeks of returning to school, contact the counselor/social worker, pediatrician, or school principal for assistance.

Questions for parents/Guardians:

Overall how do you think your child is doing in terms of school reentry?

Is your child able to handle separation from parents and caregivers?

How is your child getting along with his or her siblings?

How is your child getting along with peers and friends?

Do you think your child is getting enough help with reentry at school?

If not, do you have ideas that would help your child to feel safer and more a part of their classroom and peer group?

Is your child able to stay focused, follow directions and stay on task? If not, is this a change since the burn injury?

Does your child isolate himself or herself and withdraw at home (want to be alone much of the time, avoid physical and/or emotional contact)?

Has your child reestablished positive relationships with siblings and other family members (does your child get along with family members as well as they did before the event/injury)?

Name one or two ways that your child has successfully adapted following the traumatic event or injury.

Assessing Adjustment After Burn Injury

Trauma Responses in Children

Any event which the child and adolescents experiences as life threatening to the child or others, can be defined as traumatic. Is your child experiencing post-trauma symptoms? Review the following checklist and mark all behaviors that apply.

Common indication of trauma in young children (2-6 years old)

- Hyperactivity (high level of activity, seems out of control, can't slow down)
- Fear, anxiety, nightmares, night terrors, fear of going to sleep or sleeping alone.
- Regressive behaviors, (bed-wetting, talking baby talk, thumb sucking, whining)
- Repetitive trauma play (playing out the accident or fire over and over again), children this age may not be able to use words to talk about the trauma so it is expressed in play.
- Confusion and difficulty understanding that the trauma is over.
- Attachment anxiety, (clinging, lots of worry about parent leaving).
- Physical symptoms, (stomachaches, headaches, other physical symptoms).
- Personality changes; may be withdrawn and passive, or aggressive and reckless.
- School difficulty, such as difficulty concentrating may not want to go to school.
- Arguing, fighting, agitated, restless, quick to anger and becomes defensive.

Common indications of trauma in older children (6-12 years old)

- Fears are more specific and related to the trauma.
- Sleep disturbance, (nightmares, fears of sleeping alone).
- Obsessing about and talking about the trauma repeatedly, compulsive behaviors.
- Guilt related to not being able to control the trauma.
- Impaired ability to concentrate, focus, problem-solve, and learn.
- Changes in behavior, (such as withdrawn and isolating, or aggressive and reckless).
- Feeling overwhelmed by and afraid of losing control of feelings, moody.
- Concern for the safety of family members.
- Fear of death and sometimes a fear of spirits or ghosts.

Common indications of trauma in adolescents (12-18 years old)

- May include symptoms of older children, as well as adult symptoms.
- May be self-conscious about feelings, fears, and being different.
- Aggressive, destructive, self-destructive, risk taking, acting out behaviors, (substance abuse, sexual acting out, delinquent behavior, truancy, etc.).
- Avoidance of interpersonal relationships, withdrawal, social isolation (doesn't want to be around friends, family or favorite activities).
- Personality changes, depression, apathy, moodiness.
- Leaving school or leaving home, or fear of separating from family/parents.
- Pessimism, cynicism, plans of revenge.
- Failing grades, disinterest in school, friends, and previously enjoyed activities.

If your child has any of these symptoms, contact your physician or counselor and bring this checklist to them. Help now can prevent problems later on.

Assessing Adjustment After Burn Injury

How would you rate your student on a scale of 1 to 5 in the following areas?

	Poor.....				Great
1. Self esteem (how he feels about himself)	1	2	3	4	5
2. Self confidence (how confident the child feels in his or her own abilities, such as physical, learning, friendships)	1	2	3	4	5
3. Self acceptance (does he accept himself since the event or Injury)	1	2	3	4	5
4. Self consciousness (how comfortable the child feels when with others)	1	2	3	4	5
5. Ability to be happy	1	2	3	4	5
6. Ability to have fun	1	2	3	4	5
7. Aggressive behavior	1	2	3	4	5
8. Ability to stand up for himself/herself	1	2	3	4	5
9. Ability to make and keep friends	1	2	3	4	5
10. Ability to express feelings	1	2	3	4	5
11. Respect for the rights of others	1	2	3	4	5

(Use the scores on this list to help you identify areas that your child might need help with. Note any great changes from how your child would have scored before the event or injury.)

After filling out this questionnaire, I am concerned about the following problems my child is having:

What concerns can I help my child with? What is my plan to help my child?

What concerns do I need to take to my child's doctor or counselor?

Now that you have answered the above questions, review your answers. Make sure to look closely at them and contact the counselor or pediatrician treating your child if you notice your child is having difficulties. Keep this in a safe place and use it to compare any changes from past and future times you fill it out, also share it with the counselor and pediatrician when expressing concerns. Best wishes as you continue to nurture your child during recovery.

Assessing Adjustment after Burn Injury

Dear Counselor/Social Worker,

The following questions have been developed to help you assess how your student is adjusting to his return to school and normal life activities. Please thoughtfully review the questions and share any concerns with the student's parents and pediatrician. We also encourage the child, parent(s), and teacher to fill out the corresponding questionnaires to get the best overall view of your student's adjustment. Repeat this form at one month, three months, six months, and one year after your student's return to life and school.

If your student is not getting back on track with school, friends, and at home, within a few weeks returning to school, contact the family, pediatrician, or school principal for assistance.

Questions for School Counselor/Social Worker:

Do you see a need for further intervention on a classroom or school level to help integrate this child into the school environment?

Is the child reestablishing relationships with peers and being accepted into their peer groups? Does the child need some assistance with this, and if so, is there a plan to meet this need?

Is the child isolating himself or herself on the playground or in the classroom?

Name one or two ways that the child has successfully adapted to the event or injury.

Is the child able to pay attention in class, complete assignments, follow directions and stay on task? Difficulty in these areas can indicate that the child is experiencing post trauma symptoms that can interfere with the ability to focus and concentrate.

Problems identified:

Plan of action to address problem areas:

Assessing Adjustment after Burn Injury

Trauma Responses in Children and Adolescents

Any event, which the child experiences as life threatening to the child or others, can be defined as traumatic. Is your child experiencing post-trauma symptoms? Review the following checklist and mark all behaviors that apply.

Common indication of trauma in young children (2-6 years old)

- Hyperactivity (high level of activity, seems out of control, can't slow down)
- Fear, anxiety, nightmares, night terrors, fear of going to sleep or sleeping alone.
- Regressive behaviors, (bed-wetting, talking baby talk, thumb sucking, whining)
- Repetitive trauma play (playing out the accident or fire over and over again), children this age may not be able to use words to talk about the trauma so it is expressed in play.
- Confusion and difficulty understanding that the trauma is over.
- Attachment anxiety, (clinging, lots of worry about parent leaving).
- Physical symptoms, (stomachaches, headaches, other physical symptoms).
- Personality changes; may be withdrawn and passive, or aggressive and reckless.
- School difficulty, such as difficulty concentrating may not want to go to school.
- Arguing, fighting, agitated, restless, quick to anger and becomes defensive.

Common indications of trauma in older children (6-12 years old)

- Fears are more specific and related to the trauma.
- Sleep disturbance, (nightmares, fears of sleeping alone).
- Obsessing about and talking about the trauma repeatedly, compulsive behaviors.
- Guilt related to not being able to control the trauma.
- Impaired ability to concentrate, focus, problem-solve, and learn.
- Changes in behavior, (such as withdrawn and isolating, or aggressive and reckless).
- Feeling overwhelmed by and afraid of losing control of feelings, moody.
- Concern for the safety of family members.
- Fear of death and sometimes a fear of spirits or ghosts.

Common indications of trauma in adolescents (12-18 years old)

- May include symptoms of older children, as well as adult symptoms.
- May be self-conscious about feelings, fears, and being different.
- Aggressive, destructive, self-destructive, risk taking, acting out behaviors, (substance abuse, sexual acting out, delinquent behavior, truancy, etc.).
- Avoidance of interpersonal relationships, withdrawal, and social isolation (doesn't want to be around friends, family or favorite activities).
- Personality changes, depression, apathy, moodiness.
- Leaving school or leaving home, or fear of separating from family/parents.
- Pessimism, cynicism, plans of revenge.
- Failing grades, disinterest in school, friends, and previously enjoyed activities.

If the child has any of these symptoms, contact the child's parents and request permission to send the completed questionnaire to the child's physician and/or counselor. Help now can prevent problems later on.

Assessing Adjustment after Burn Injury

How would you rate your student on a scale of 1 to 5 in the following areas?

	Poor.....				Great
1. Self esteem (how he feels about himself)	1	2	3	4	5
2. Self confidence (how confident the child feels in his or her own abilities, such as physical, learning, friendships)	1	2	3	4	5
3. Self-acceptance (does he accept himself since his injury)	1	2	3	4	5
4. Self-consciousness (how comfortable the child feels when with others)	1	2	3	4	5
5. Ability to be happy	1	2	3	4	5
6. Ability to have fun	1	2	3	4	5
7. Aggressive behavior	1	2	3	4	5
8. Ability to stand up for himself/herself	1	2	3	4	5
9. Ability to make and keep friends	1	2	3	4	5
10. Ability to express feelings	1	2	3	4	5
11. Respect for the rights of others	1	2	3	4	5

(Use the scores on this list to help you identify areas that your child might need help with. Note any great changes from how your child would have scored before the injury.)

Now that you have answered the above questions, review your answers. Make sure to look closely at them and contact the counselor or pediatrician treating your student if you notice he or she is having difficulties. *Note: If the child is demonstrating trauma symptoms, contact the child's parents and suggest having the child assessed by their pediatrician or counselor.* Keep this in a safe place and use it to compare any changes from past and future times you fill it out, also share it with the counselor and pediatrician when expressing concerns. Best wishes as you continue to nurture your student during burn recovery.

Assessing Adjustment After Burn Injury

Dear Teacher(s),

The following questions have been developed to help you evaluate how your student is adjusting to his return to school and normal life activities. Please thoughtfully review the questions and share any concerns with the student's parents and counselor. We also encourage the child, parent(s), and school counselor/social worker to fill out the corresponding questionnaires to get the best overall view of your student's adjustment.

Repeat this form at one month, three months, six months, and one year after your student's return to life and school. Conferences would be an appropriate time to review this information with the parents.

If your student is not getting back on track with school, friends, and at home, within a few weeks returning to school, contact the family, counselor, pediatrician, or school principal for assistance.

Questions for Teachers:

Has the child's behavior in the classroom changed since before the traumatic event or injury?

If yes, in what ways?

Has the child's academic performance been affected since the event or injury?

Please list your observations:

Is the child able to attend and complete assignments, follow directions and stay on task as appropriate for age? Difficulty in these areas can indicate that the child is experiencing post trauma symptoms that can interfere with the ability to focus and concentrate.

Is the child able to handle transitions? If not, what strategies have you applied to help him/her with this?

Assessing Adjustment after Burn Injury

Do you see a difference in how the child relates to peers since the event or injury?
Please list your observations:

Does the child participate in classroom discussions in accordance with previous class participation?

Is the child isolating (withdrawing or separating from others) on the playground or in the classroom?
If yes, explain.

Name one or two ways that the child has successfully adapted to since the event or injury.

Do you think that this child has been fully integrated and accepted back into their classroom and school? If not, please list problem areas:

Problem areas:

Action plan for addressing problems:

Assessing Adjustment after Burn Injury

Trauma Responses in Children and Adolescents

Any event, which the child experiences as life threatening to the child or others, can be defined as traumatic. Is your child experiencing post trauma symptoms? Review the following checklist and mark all behaviors that apply.

Common indication of trauma in young children (2-6 years old)

- Hyperactivity (high level of activity, seems out of control, can't slow down)
- Fear, anxiety, nightmares, night terrors, fear of going to sleep or sleeping alone.
- Regressive behaviors, (bed-wetting, talking baby talk, thumb sucking, whining)
- Repetitive trauma play (playing out the accident or fire over and over again), children this age may not be able to use words to talk about the trauma so it is expressed in play.
- Confusion and difficulty understanding that the trauma is over.
- Attachment anxiety, (clinging, lots of worry about parent leaving).
- Physical symptoms, (stomachaches, headaches, other physical symptoms).
- Personality changes; may be withdrawn and passive, or aggressive and reckless.
- School difficulty, such as difficulty concentrating may not want to go to school.
- Arguing, fighting, agitated, restless, quick to anger and becomes defensive.

Common indications of trauma in older children (6-12 years old)

- Fears are more specific and related to the trauma.
- Sleep disturbance, (nightmares, fears of sleeping alone).
- Obsessing about and talking about the trauma repeatedly, compulsive behaviors.
- Guilt related to not being able to control the trauma.
- Impaired ability to concentrate, focus, problem-solve, and learn.
- Changes in behavior, (such as withdrawn and isolating, or aggressive and reckless).
- Feeling overwhelmed by and afraid of losing control of feelings, moody.
- Concern for the safety of family members.
- Fear of death and sometimes a fear of spirits or ghosts.

Common indications of trauma in adolescents (12-18 years old)

- May include symptoms of older children, as well as adult symptoms.
- May be self-conscious about feelings, fears, and being different.
- Aggressive, destructive, self-destructive, risk taking, acting out behaviors, (substance abuse, sexual acting out, delinquent behavior, truancy, etc.).
- Avoidance of interpersonal relationships, withdrawal, and social isolation (doesn't want to be around friends, family or favorite activities).
- Personality changes, depression, apathy, moodiness.
- Leaving school or leaving home, or fear of separating from family/parents.
- Pessimism, cynicism, plans of revenge.
- Failing grades, disinterest in school, friends, and previously enjoyed activities.

If the child has any of these symptoms, contact the child's parents and request permission to send the completed questionnaire to the child's physician and/or counselor. Help now can prevent problems later on.

Assessing Adjustment after Burn Injury

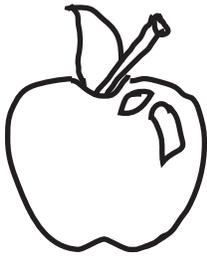
How would you rate your student on a scale of 1 to 5 in the following areas?

	Poor.....				Great
1. Self esteem (how he feels about himself)	1	2	3	4	5
2. Self confidence (how confident the child feels in his or her own abilities, such as physical, learning, friendships)	1	2	3	4	5
3. Self acceptance (does he accept himself since his injury)	1	2	3	4	5
4. Self consciousness (how comfortable the child feels when with others)	1	2	3	4	5
5. Ability to be happy	1	2	3	4	5
6. Ability to have fun	1	2	3	4	5
7. Aggressive behavior	1	2	3	4	5
8. Ability to stand up for himself/herself	1	2	3	4	5
9. Ability to make and keep friends	1	2	3	4	5
10. Ability to express feelings	1	2	3	4	5
11. Respect for the rights of others	1	2	3	4	5

(Use the scores on this list to help you identify areas that your student might need help with. Note any great changes from how your student would have scored before the injury or event.)

Now that you have answered the above questions, review your answers. Make sure to look closely at them and contact the counselor or pediatrician treating your student if you notice he or she is having difficulties. *Note: If the child is demonstrating trauma symptoms, contact the child’s parents and suggest having the child assessed by their pediatrician or counselor.* Keep this in a safe place and use it to compare any changes from past and future times you fill it out, also share it with the counselor and pediatrician when expressing concerns. Best wishes as you continue to nurture your student during recovery.

Answer these question on a scale of 1-5



5=Great
 4=Good
 3=O.K.
 2=Poor
 1=Bad



GREAT GOOD O.K. POOR BAD

How comfortable are you at school?	5	4	3	2	1
Do you feel happy when you are with your friends?	5	4	3	2	1
Are you making new friends?	5	4	3	2	1
Do you enjoy recess?	5	4	3	2	1
Do you like school?	5	4	3	2	1

What is the hardest part about having faced your difficult event or injury?

What would help you?

Complete this sentence:

One thing I've learned to be able to help myself or others when things are hard is...

Assessing Adjustment after a Trauma, Loss or Traumatic Loss

The following assessment forms have been developed to assist you in monitoring your child's or student's adjustment to school reentry over time. You will find a copy for the parent, the counselor, the teacher and the student. We recommend that each group of people fill out the form at one month, three months, and six months or as needed over the course of the student's adjustment. If possible, you can use these documents as a tool during parent-teacher conferences or bring together a care meeting with all parties if deemed necessary.

Please note that the forms indicate when you should seek professional assistance for a child in need. Trauma and grief symptoms can surface many months after the injury or event and should be treated with care and concern to help your child/student heal emotionally.

If you need further assistance or emotional support, contact your school counselor, or physician for more information. You can find further resources in the resource section of this binder.

Assessing Adjustment after a Loss, Trauma, or Traumatic Loss

Dear Parents/Guardians,

The following questions have been developed to help you evaluate how your child is adjusting to his return to school and normal life activities. Please thoughtfully review the questions and share any concerns with your pediatrician or your child's counselor. We also encourage the child, child's teacher, and school counselor/social worker to fill out the corresponding questionnaires to get the best overall view of your child's adjustment. Repeat this form at one month, three months, six months, and one year after your child's return to life and school.

If your child is not getting back on track with school, friends, and at home within a few weeks of returning to school, contact the counselor/social worker, pediatrician, or school principal for assistance.

Questions for Parents/Guardians:

1. Overall how do you think your child is doing in terms of school reentry?
2. Is your child able to handle separation from parents and caregivers?
3. How is your child getting along with his or her siblings?
4. How is your child getting along with peers and friends?
5. Do you think your child is getting enough help with reentry at school? If not, do you have ideas that would help your child to feel safer and more a part of their classroom and peer group?
6. Is your child able to stay focused, follow directions and stay on task? If not, is this a change since the trauma?
7. Does your child isolate himself or herself and withdraw at home (want to be alone much of the time, avoid physical and/or emotional contact)?
8. Has your child reestablished positive relationships with siblings and other family members (does your child get along with family members as well as they did before the trauma)?

Trauma Responses in Children and Adolescents

Any event which the child and adolescents experiences as life threatening to the child or others, can be defined as traumatic. Is your child experiencing post-trauma symptoms? Review the following checklist and mark all behaviors that apply.

Common indication of trauma in young children (2-6 years old)

- Hyperactivity (high level of activity, seems out of control, can't slow down)
- Fear, anxiety, nightmares, night terrors, fear of going to sleep or sleeping alone.
- Regressive behaviors, (bed-wetting, talking baby talk, thumb sucking, whining)
- Repetitive trauma play (playing out the accident or fire over and over again), children this age may not be able to use words to talk about the trauma so it is expressed in play.
- Confusion and difficulty understanding that the trauma is over.
- Attachment anxiety, (clinging, lots of worry about parent leaving).
- Physical symptoms, (stomachaches, headaches, other physical symptoms).
- Personality changes; may be withdrawn and passive, or aggressive and reckless.
- School difficulty, such as difficulty concentrating may not want to go to school.
- Arguing, fighting, agitated, restless, quick to anger and becomes defensive.

Common indications of trauma in older children (6-12 years old)

- Fears are more specific and related to the trauma.
- Sleep disturbance, (nightmares, fears of sleeping alone).
- Obsessing about and talking about the trauma repeatedly, compulsive behaviors.
- Guilt related to not being able to control the trauma.
- Impaired ability to concentrate, focus, problem-solve, and learn.
- Changes in behavior, (such as withdrawn and isolating, or aggressive and reckless).
- Feeling overwhelmed by and afraid of losing control of feelings, moody.
- Concern for the safety of family members.
- Fear of death and sometimes a fear of spirits or ghosts.

Common indications of trauma in adolescents (12-18 years old)

- May include symptoms of older children, as well as adult symptoms.
- May be self-conscious about feelings, fears, and being different.
- Aggressive, destructive, self-destructive, risk taking, acting out behaviors, (substance abuse, sexual acting out, delinquent behavior, truancy, etc.).
- Avoidance of interpersonal relationships, withdrawal, social isolation (doesn't want to be around friends, family or favorite activities).
- Personality changes, depression, apathy, moodiness.
- Leaving school or leaving home, or fear of separating from family/parents.
- Pessimism, cynicism, plans of revenge.
- Failing grades, disinterest in school, friends, and previously enjoyed activities.

If your child has any of these symptoms, contact your physician or counselor and bring this checklist to them. Help now can prevent problems later on.

Assessing Adjustment after a Loss, Trauma, or Traumatic Loss

Dear Counselor/Social Worker,

The following questions have been developed to help you assess how your student is adjusting to his return to school and normal life activities. Please thoughtfully review the questions and share any concerns with the student's parents and pediatrician. We also encourage the child, parent(s), and teacher to fill out the corresponding questionnaires to get the best overall view of your student's adjustment. Repeat this form at one month, three months, six months, and one year after your student's return to life and school.

If your student is not getting back on track with school, friends, and at home, within a few weeks returning to school, contact the family, pediatrician, or school principal for assistance.

Questions for School Counselor/Social Worker:

1. Do you see a need for further intervention on a classroom or school level to help integrate this child into the school environment?

2. Is the child reestablishing relationships with peers and being accepted into their peer groups? Does the child need some assistance with this, and if so, is there a plan to meet this need?

3. Is the child isolating himself or herself on the playground or in the classroom?

4. Is the child able to pay attention in class, complete assignments, follow directions and stay on task? (Difficulty in these areas can indicate that the child is experiencing post trauma symptoms that can interfere with the ability to focus and concentrate.)

Areas of concern identified:

Plan of action to address areas concern:

Trauma Responses in Children and Adolescents

Any event, which the child experiences as life threatening to the child or others, can be defined as traumatic. Is your child experiencing post-trauma symptoms? Review the following checklist and mark all behaviors that apply.

Common indication of trauma in young children (2-6 years old)

- Hyperactivity (high level of activity, seems out of control, can't slow down)
- Fear, anxiety, nightmares, night terrors, fear of going to sleep or sleeping alone.
- Regressive behaviors, (bed-wetting, talking baby talk, thumb sucking, whining)
- Repetitive trauma play (playing out the accident or fire over and over again), children this age may not be able to use words to talk about the trauma so it is expressed in play.
- Confusion and difficulty understanding that the trauma is over.
- Attachment anxiety, (clinging, lots of worry about parent leaving).
- Physical symptoms, (stomachaches, headaches, other physical symptoms).
- Personality changes; may be withdrawn and passive, or aggressive and reckless.
- School difficulty, such as difficulty concentrating may not want to go to school.
- Arguing, fighting, agitated, restless, quick to anger and becomes defensive.

Common indications of trauma in older children (6-12 years old)

- Fears are more specific and related to the trauma.
- Sleep disturbance, (nightmares, fears of sleeping alone).
- Obsessing about and talking about the trauma repeatedly, compulsive behaviors.
- Guilt related to not being able to control the trauma.
- Impaired ability to concentrate, focus, problem-solve, and learn.
- Changes in behavior, (such as withdrawn and isolating, or aggressive and reckless).
- Feeling overwhelmed by and afraid of losing control of feelings, moody.
- Concern for the safety of family members.
- Fear of death and sometimes a fear of spirits or ghosts.

Common indications of trauma in adolescents (12-18 years old)

- May include symptoms of older children, as well as adult symptoms.
- May be self-conscious about feelings, fears, and being different.
- Aggressive, destructive, self-destructive, risk taking, acting out behaviors, (substance abuse, sexual acting out, delinquent behavior, truancy, etc.).
- Avoidance of interpersonal relationships, withdrawal, and social isolation (doesn't want to be around friends, family or favorite activities).
- Personality changes, depression, apathy, moodiness.
- Leaving school or leaving home, or fear of separating from family/parents.
- Pessimism, cynicism, plans of revenge.
- Failing grades, disinterest in school, friends, and previously enjoyed activities.

If the child has any of these symptoms, contact the child's parents and request permission to send the completed questionnaire to the child's physician and/or counselor. Help now can prevent problems later on.

Assessing Adjustment after a Loss Trauma or Traumatic Loss

How would you rate your student on a scale of 1 to 5 in the following areas?

	Poor.....			Great
1. Self esteem (how he feels about himself)	1	2	3	4	5
2. Self confidence (how confident the child feels in his or her own abilities, such as physical, learning, friendships)	1	2	3	4	5
3. Self-acceptance (does he accept himself since the trauma)	1	2	3	4	5
4. Self-consciousness (how comfortable the child feels when with others)	1	2	3	4	5
5. Ability to be happy	1	2	3	4	5
6. Ability to have fun	1	2	3	4	5
7. Aggressive behavior	1	2	3	4	5
8. Ability to stand up for himself/herself	1	2	3	4	5
9. Ability to make and keep friends	1	2	3	4	5
10. Ability to express feelings	1	2	3	4	5
11. Respect for the rights of others	1	2	3	4	5

(Use the scores on this list to help you identify areas that your child might need help with. Note any great changes from how your child would have scored before the trauma.)

Now that you have answered the above questions, review your answers. Make sure to look closely at them and contact the counselor or pediatrician treating your student if you notice he or she is having difficulties. Note: If the child is demonstrating trauma symptoms, contact the child's parents and suggest having the child assessed by their pediatrician or counselor. Keep this in a safe place and use it to compare any changes from past and future times you fill it out, also share it with the counselor and pediatrician when expressing concerns. Best wishes as you continue to nurture your student during their grieving and healing process.

Assessing Adjustment after a Loss Trauma or Traumatic Loss

Dear Teacher(s),

The following questions have been developed to help you evaluate how your student is adjusting to his return to school and normal life activities. Please thoughtfully review the questions and share any concerns with the student's parents and counselor. We also encourage the child, parent(s), and school counselor/social worker to fill out the corresponding questionnaires to get the best overall view of your student's adjustment. Repeat this form at one month, three months, six months, and one year after your student's return to life and school. Conferences would be an appropriate time to review this information with the parents.

If your student is not getting back on track with school, friends, and at home, within a few weeks returning to school, contact the family, counselor, pediatrician, or school principal for assistance.

Questions for Teachers:

1. Has the child's behavior in the classroom changed since before the traumatic loss? If yes, in what ways?
2. Has the child's academic performance been affected since the traumatic loss? Please list your observations:
3. Is the child able to attend and complete assignments, follow directions and stay on task as appropriate for age? Difficulty in these areas can indicate that the child is experiencing post trauma symptoms that can interfere with the ability to focus and concentrate.
4. Is the child able to handle transitions? If not, what strategies have you applied to help him/her with this?
5. Do you see a difference in how the child relates to peers since the traumatic loss? Please list your observations:
6. Does the child participate in classroom discussions in accordance with previous class participation?
7. Is the child isolating (withdrawing or separating from others) on the playground or in the classroom? If yes, explain.
8. Do you think that this child has been fully integrated and accepted back into their classroom and school? If not, please list problem areas:

Areas of concern:

Action plan for addressing problems:

Trauma Responses in Children and Adolescents

Any event, which the child experiences as life threatening to the child or others, can be defined as traumatic. Is your child experiencing post trauma symptoms? Review the following checklist and mark all behaviors that apply.

Common indication of trauma in young children (2-6 years old)

- Hyperactivity (high level of activity, seems out of control, can't slow down)
- Fear, anxiety, nightmares, night terrors, fear of going to sleep or sleeping alone.
- Regressive behaviors, (bed-wetting, talking baby talk, thumb sucking, whining)
- Repetitive trauma play (playing out the accident or fire over and over again), children this age may not be able to use words to talk about the trauma so it is expressed in play.
- Confusion and difficulty understanding that the trauma is over.
- Attachment anxiety, (clinging, lots of worry about parent leaving).
- Physical symptoms, (stomachaches, headaches, other physical symptoms).
- Personality changes; may be withdrawn and passive, or aggressive and reckless.
- School difficulty, such as difficulty concentrating may not want to go to school.
- Arguing, fighting, agitated, restless, quick to anger and becomes defensive.

Common indications of trauma in older children (6-12 years old)

- Fears are more specific and related to the trauma.
- Sleep disturbance, (nightmares, fears of sleeping alone).
- Obsessing about and talking about the trauma repeatedly, compulsive behaviors.
- Guilt related to not being able to control the trauma.
- Impaired ability to concentrate, focus, problem-solve, and learn.
- Changes in behavior, (such as withdrawn and isolating, or aggressive and reckless).
- Feeling overwhelmed by and afraid of losing control of feelings, moody.
- Concern for the safety of family members.
- Fear of death and sometimes a fear of spirits or ghosts.

Common indications of trauma in adolescents (12-18 years old)

- May include symptoms of older children, as well as adult symptoms.
- May be self-conscious about feelings, fears, and being different.
- Aggressive, destructive, self-destructive, risk taking, acting out behaviors, (substance abuse, sexual acting out, delinquent behavior, truancy, etc.).
- Avoidance of interpersonal relationships, withdrawal, and social isolation (doesn't want to be around friends, family or favorite activities).
- Personality changes, depression, apathy, moodiness.
- Leaving school or leaving home, or fear of separating from family/parents.
- Pessimism, cynicism, plans of revenge.
- Failing grades, disinterest in school, friends, and previously enjoyed activities.

If the child has any of these symptoms, contact the child's parents and request permission to send the completed questionnaire to the child's physician and/or counselor. Help now can prevent problems later on.

Assessing Adjustment after a Loss, Trauma, or Traumatic Loss

How would you rate your student on a scale of 1 to 5 in the following areas?

	Poor.....Great				
1. Self esteem (how he feels about himself)	1	2	3	4	5
2. Self confidence (how confident the child feels in his or her own abilities, such as physical, learning, friendships)	1	2	3	4	5
3. Self acceptance (does he accept himself since the trauma)	1	2	3	4	5
4. Self consciousness (how comfortable the child feels when with others)	1	2	3	4	5
5. Ability to be happy	1	2	3	4	5
6. Ability to have fun	1	2	3	4	5
7. Aggressive behavior	1	2	3	4	5
8. Ability to stand up for himself/herself	1	2	3	4	5
9. Ability to make and keep friends	1	2	3	4	5
10. Ability to express feelings	1	2	3	4	5
11. Respect for the rights of others	1	2	3	4	5

(Use the scores on this list to help you identify areas that your child might need help with. Note any great changes from how your child would have scored before the loss or trauma.)

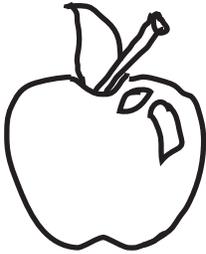
Now that you have answered the above questions, review your answers. Make sure to look closely at them and contact the counselor or pediatrician treating your student if you notice he or she is having difficulties. Note: If the child is demonstrating trauma symptoms, contact the child's parents and suggest having the child assessed by their pediatrician or counselor. Keep this in a safe place and use it to compare any changes from past and future times you fill it out, also share it with the counselor and pediatrician when expressing concerns. Best wishes as you continue to nurture your student during their grieving and healing process.

Provided with permission by:

Balance Point, Inc. Megan Bronson PMHCNS-BC 2007

Assessing Adjustment after a Loss, Trauma, or Traumatic Loss

Answer these question on a scale of 1-5



5=Great
 4=Good
 3=O.K.
 2=Poor
 1=Bad



GREAT GOOD O.K. POOR BAD

How comfortable are you at school	5	4	3	2	1
Do you feel happy when you are with your friends?	5	4	3	2	1
Are you making new friends?	5	4	3	2	1
Do you enjoy recess?	5	4	3	2	1
Do you like school?	5	4	3	2	1

What is the hardest part about their loss or traumatic experience?

What would help you?