



School/Agency Name: _____
 Address: _____
 Primary Contact: _____
 Phone: _____
 Email: _____
 Date: _____

Trauma Smart®

Enrollment		Total	0-3	3-5	Other
1.	# of Children Enrolled				
2.	# of Children receiving Regular Education Services				
3.	# of Children receiving Special Education Services				
4.	# of Children receiving Site-Based Services (in classrooms)				
5.	# of Children receiving Home Based Services				
6.	# of Classrooms (0-3 years)				
7.	# of Classrooms (3-5 years)				
7.	# of Employees (including ancillary staff)				
8.	Catchment Area: # Square Miles		NA	NA	NA
9.	Average Distance between Sites		NA	NA	NA
Demographics		# of Children	# of Employees		
1.	African-American				
2.	Caucasian				
3.	Hispanic				
4.	Asian				
5.	American-Indian				
6.	Other				

7.	% of Children Served who Meet Federal Poverty Guidelines			NA	
	Need/Values	Yes	No	Some-what	Don't Know
1.	The population served by our school/agency experiences trauma that often goes untreated. (Trauma is defined as any adverse experience that impairs a child's ability to trust and form relationships, regulate emotions, and develop age appropriate competencies.) Please describe.				
2.	Our employees experience stress due to the trauma needs of the population we serve. Please describe.				
3.	Children in our school/agency exhibit unsafe behavior. Please describe.				
4.	Employees report concerns about their own or children's safety. Please describe.				
5.	Parents report concerns about their children's social/emotional growth and development. Please describe.				
6.	Parents report concerns about their children's behavior. Please describe.				
7.	Parents report concerns about their children's safety. Please describe.				
8.	Our administration is aware of the extent of trauma in the population we serve. Please describe.				
9.	Our employees are aware of the extent of trauma in the population we serve and are open to new ways of perceiving and working with children. Please describe.				
10.	Our school/agency would benefit from trauma-informed training, coaching and treatment services. Please describe.				
	Grants and Initiatives	Yes	No	Some-what	Not Applicable
1.	Our school/agency has grants or initiatives to increase awareness about mental health or trauma. Please describe.				

2.	Our school/agency has grants or initiatives not specific to mental health or trauma. Please describe:				
3.	Our school/agency has therapists on site that specialize in trauma informed treatment. Please describe:				
4.	Our school/agency has access to therapists in the community who specialize in trauma informed treatment. Please describe.				
5.	Our school/agency has a social emotional curriculum in place. Please describe.				
6.	Employees receive ongoing training that supports professional development. Please describe:				
Resources		Yes	No	Some- what	Not Applicable
1.	Our school/agency is fully staffed. Please describe.				
2.	Our school/agency has a job position dedicated to mental health/disability/health/special education. Please describe.				
3.	Our school/agency has an on-site employee whose time can be fully or partially dedicated to serve as a coach for TS services. Please describe.				
4.	Our school/agency calendar can support 20 hours of TS staff training in Year 1, and 20 hours for new employees in the following years. Please describe.				
5.	Our school/agency has funding for substitutes to provide coverage while employees are in training. Please describe.				
6.	Our school/agency has access to enough substitutes to provide coverage while employees are in training. Please describe.				

7.	Our school/agency gives employees dedicated work time for reflective coaching/supervision/planning. Please describe.				
8.	Our school/agency has enough physical space to provide a confidential work space for therapists. Please describe.				
9.	Our school/agency has enough physical space to provide confidential space when the therapists can see children for therapy at each school site. Please describe.				
10.	Our school/agency currently engages parents in their children's education. Please describe.				
11.	Our school/agency has a structured referral process in place for children who need individualized services. Please describe.				
	Funding Sources	Yes	No	Some- what	Not Applicable
1.	Our school/agency has budgeted funds that can be used for TS services. Please describe.				
2.	Our school/agency has grants or other initiatives that can be used for TS services. Please describe.				
3.	Our school/agency needs additional resources prior to obtaining TS services. Please describe.				