Trauma Informed System Change Instrument

As part of the evaluation of this project, we are tracking system change at an individual teacher level and at an organizational level. Please complete the following to help us understand your perception of change needed in these areas.

Organizational Change Self-Evaluation – The Current System

Rate the following statements regarding **your Center** as it currently operates.

Item Number		Not at All True for My Center	A Little True for My Center	Somewhat True for My Center	Mostly True for My Center	Completely True for My Center
1.	Written policy is established committing to trauma informed practices	1	2	3	4	5
2.	The Center has a formal system for reviewing whether staff are using trauma informed practice	1	2	3	4	5
3.	There is system of communication in place with other organizations working with the child for making trauma informed decisions about the child or family	1	2	3	4	5
4.	There are structures in place to support consistent trauma informed responses to children and families across roles within the Center	1	2	3	4	5
5.	Families and children are given systematic opportunities to voice needs, concerns, and experiences	1	2	3	4	5
6.	The Center has a system in place to develop/sustain common trauma informed goals with other agencies	1	2	3	4	5
7.	Understanding of impact of trauma is incorporated into daily decision-making practice at my Center	1	2	3	4	5
8.	Supervision at my Center includes ways to manage personal and professional stress	1	2	3	4	5
9.	When addressing a child's behavior we are encouraged to consider the context and contributors to the behavior, particularly the role of stress.	1	2	3	4	5

10.	Staff receive supervision from trauma informed supervisor	1	2	3	4	5
11.	Timely trauma informed assessment is available and accessible to children served by my Center	1	2	3	4	5
12.	A continuum of trauma informed intervention is available for children served by my Center.	1	2	3	4	5
13.	My Center addresses the unique emotional safety needs of each child.	1	2	3	4	5

Rate the following regarding your current **individual practice** from a trauma informed perspective.

		Not at all True for Me	A Little True for Me	Somewhat True for Me	Mostly True for Me	Completely True for Me
14.	I have a clear understanding of what trauma informed practice means in my professional role.	1	2	3	4	5
15.	I feel favorable in trying a new trauma informed intervention with children and families.	1	2	3	4	5
16.	I feel equipped to help children make meaning of their trauma history and current experiences from a trauma perspective.	1	2	3	4	5
17.	In practice, I am utilizing what I believe to be trauma informed interactions with children and families.	1	2	3	4	5
18.	I am willing to try a new form of intervention even if I have to follow a manual or protocol.	1	2	3	4	5
19.	I am willing to use trauma informed interventions that researchers say are effective.	1	2	3	4	5

Name   **Agency Affiliation/Role**

Thank you for your time and participation.