



## Trauma Informed Reflective Practice Response Form

**Name of child:**

**Time of Incident:**

**Lesson:**

**Name of adults  
involved:**

**What happened?**

**What triggered it?**

**What sense can you make of it?**

**What was your response? Was there anything else you could have done?**

**Relevance of activity – projects and purposeful activities.**

**What was the effect of your response? What was good and bad about the experience?**

**How did it make you feel? What were you thinking at the time?**

**What would you do if it happened again?**

**Completed by:**

**Date:**