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Child & Adolescent Psychiatry

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BEHAVIOR RATING SCALE – PARENT FORM

Child's Name: _____ Date: _____
 Name of person completing this form: _____
 Your relationship to child: _____

Instructions: Please circle the number next to each item that best describes the behavior of this child **during** the last six (6) months.

Items:	Never or Rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in classroom or in other situations in which seated is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Feels "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on other	0	1	2	3

How old was this child when you noticed the above problems? _____

Instructions: To what extent do the problems circled above interfere with this child's ability to function in each of these areas of school activities **during** the past six (6) months?

Items:	Never or Rarely	Sometimes	Often	Very Often
1. In his/her home life with my immediate family	0	1	2	3
2. In his/her interactions with other children	0	1	2	3
3. In his/her activities or dealings in the community	0	1	2	3
4. In school	0	1	2	3
5. In sports, clubs, or other organizations	0	1	2	3
6. In learning to take care of him/herself	0	1	2	3
7. In his/her play, leisure, or recreational activities	0	1	2	3
8. In his/her handling of daily chores or other responsibilities	0	1	2	3
9. In his/her management of time at school	0	1	2	3

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Instructions: Again, please circle the number next to each item that best describes the behavior of this child **during** the last six (6) months.

Items:	Never or Rarely	Sometimes	Often	Very Often
1. Loses temper	0	1	2	3
2. Argues with adults	0	1	2	3
3. Actively defies or refuses to comply with adults requests or rules	0	1	2	3
4. Deliberately annoys people	0	1	2	3
5. Blames others for his/her mistakes or misbehavior	0	1	2	3
6. Is touchy or easily annoyed by others	0	1	2	3
7. Is angry or resentful	0	1	2	3
8. Is spiteful or vindictive	0	1	2	3

Instructions: Please indicate whether this child has engaged in any of the following items in the past twelve months.

Items:	NO	YES
1. Often bullies, threatens, or intimidates others	NO	YES
2. Often initiates physical fights	NO	YES
3. Used a weapon that can cause serious physical harm to others (i.e., a bat, brick, broken bottle, knife, or gun)	NO	YES
4. Has been physically cruel to people	NO	YES
5. Has been physically cruel to animals	NO	YES
6. Has stolen while confronting a victim (i.e., mugging, purse snatching, extortion, or armed robbery)	NO	YES
7. Has forced someone into sexual activity	NO	YES
8. Has deliberately engaged in fire setting with the intention of causing serious damage	NO	YES
9. Has deliberately destroyed other's property (other than by fire setting)	NO	YES
10. Has broken into someone else's home, building, or car	NO	YES
11. Often lies to obtain goods or favors or to avoid obligations (i.e. "cons" others)	NO	YES
12. Has stolen items of non-trivial value without confronting a victim (i.e., shoplifting, but without breaking and entering, and forgery)	NO	YES
13. Often stays out at night despite parental prohibitions If so, at what age did this begin? _____	NO	YES
14. Has run away from home overnight at least twice while living in parents' home, foster care, or group home If so, how many times? _____	NO	YES
15. Is often truant from school If so, at what age did this begin? _____	NO	YES

Thank you for your help.

Please send this form back to us by mail or, to save time and postage, you may fax it back to us at (479)935-3159.