

Child Behavioral Checklist
(To be completed by parent)

Child's Name _____ Age ____ Grade ____
Form completed by _____

Problem Behaviors

Please indicate the severity of these problem behaviors if you have seen or experienced them in your child in the past three months.

0 -- Not at all 1 -- Rarely 2 -- Sometimes 3 -- Often 4 -- Most of the time 5 -- All of the time

- Feels sad or depressed
- Feels anxious or nervous
- Problems with eating (lack of appetite, overeating)
- Excessive preoccupation with video game/movie characters
- Arguing with others (peers, teachers, parents, authority figures)
- Hurting animals
- Problems with sleep (going to sleep, sleeping all night, too much sleep, refusal to sleep alone)
- Nightmares
- Excessive energy or difficulty being still
- Bedwetting
- Says that people, family, etc. would be better without him/her
- Sets fires
- Violent outbursts (throwing, breaking, or destroying objects)
- Self destructive behavior (cutting or scratching him/herself)
- Getting into verbal or physical fights
- Talks of death
- Running away or threats of running away
- Urination or bowel movements in pants during the day
- Bullying or being bullied
- Verbal attacks on others
- Worries that something bad is going to happen
- Lies
- Breaking rules (Sitting in desk at school, bed time, etc.)
- Lonely or complains of not having friends
- Unrealistic fears (using public bath rooms, ghosts, blood, being abandoned, etc.)

Functioning Levels

Rate the level of functioning you have observed in your child in the following areas.

0 – Extreme trouble 1 – Quite a few troubles 2 – Some troubles 3 – Fair 4 – Doing very well

- Expresses emotions appropriately
- Is motivated and finishes projects and assignments
- Completes household chores and responsibilities
- Attends school and is making passing grades
- Thinks clearly and makes good choices
- Gets along well with family
- Gets along well with friends
- Is able to concentrate, pay attention, and follow through on tasks
- Participates in recreational activities with peers
- Accepts limitations and responds appropriately when told "no"
- Does things independently without supervision
- Positive self-esteem