

Do any of the following describe your child? Mark the appropriate column for each.

Behavior	Never	Sometimes	Always
Behavioral			,
Can't concentrate or pay attention for long.			
Can't sit still or is restless.			
Refuses to go to school.			
Deliberately harms self.			
Acts angry much of the time.			
Screams a lot.			
Runs away from home.			
Is cruel to animals.			
Refuses to talk.			
Big change recently in school grades.			
Big change recently in school behavior.			
Big change recently in sleep (less or more).			
Big change in appetite (eating more or less)			
Has lost interest in things he/she used to enjoy.			
Has the need to wash, clean, or perform certain routines many times a day?			
Has behavior that you think is bizarre.			
Refuses to follow house or school rules.			
Emotional			
Can't get his/her mind off certain things.			
Cries a lot.			
Has fear(s) that affect daily life.			
Says that life is too hard to handle or is hopeless.			
There is very little he/she enjoys.			
Appears sad, unhappy, or depressed.			
Sudden changes in mood or feelings.			
Appears anxious much of the time.			
Worries a lot.			
Social			
Is bullying others.			
Gets in fights.			
Would rather be alone than with others.			
Is being teased by others.			
Doesn't have many friends.			
Has unhealthy friendships or relationships.			
Has started to avoid friends and withdrawal.			
The started to dvoid mends and withdrawan		NO	YES
Has experienced physical abuse			160
Has experienced neglect			
Has experienced sexual abuse			
Has witnessed physical abuse or violence			
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If you have placed a mark in any of the grey areas on the checklist above it may be important to have your child evaluated.

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