

Date:

Child’s Name:

**Behavioral Questionnaire**

1. Why are you starting behavioral therapy?
2. What are the 3 most concerning “consistent“ behaviors that you are seeing?
3. How often are these behaviors happening?
4. How long have you been seeing these behaviors?
5. Is there any pattern, rhyme or reason to these behaviors?
6. What is your response when you witness these behaviors?
7. How consistent are you with follow through? (If you, hit you sit!)
8. What does your parenting style look like? (calm, scream, ignore, etc…)
9. What does your partners parenting style look like?
10. How consistent are the other adults in the home?
11. How is communication between the adults in the home? Explain.
12. Are all the adults in the home in agreement and on the same page about these concerns? Explain.
13. In a perfect world, what would you like to see related to this child’s behaviors?