

Case #: _____

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Child's Name: _____ DOB: _____

Parent/Guardian Completing Form: _____

Child & Adolescent Behavior Checklist

Please check under the heading that best describes your child's behavior to assist with assessment and treatment planning.

	Never	Sometimes	Always
1. Complains of aches or pains	_____	_____	_____
2. Spends more time alone	_____	_____	_____
3. Tires easily, little energy	_____	_____	_____
4. Fidgety, unable to sit still	_____	_____	_____
5. Has trouble with teachers	_____	_____	_____
6. Less interested in school	_____	_____	_____
7. Acts as if driven by a motor	_____	_____	_____
8. Daydreams too much	_____	_____	_____
9. Distracted easily	_____	_____	_____
10. Is afraid of new situations	_____	_____	_____
11. Feels sad, unhappy	_____	_____	_____
12. Talks of wanting to hurt him/herself or die	_____	_____	_____
14. Irritable, angry	_____	_____	_____
15. Feels hopeless	_____	_____	_____
16. Has trouble concentrating	_____	_____	_____
17. Less interested in friends	_____	_____	_____
18. Fights with other children	_____	_____	_____
19. Absent from school	_____	_____	_____

- 20. School grades dropping _____
- 21. Is down on him/herself _____
- 22. Frequent visits to doctor _____
- 23. Has trouble sleeping _____
- 24. Worries a lot _____
- 25. Wants to be with you more than before/clingy _____
- 26. Feels he/she is bad _____
- 27. Takes unnecessary risks _____
- 28. Gets hurt frequently _____
- 29. Seems to be having less fun _____
- 30. Acts younger than children his/her age _____
- 31. Does not listen to rules (At home and/or school) _____
- 32. Does not show feelings _____
- 33. Does not understand other people's feelings _____
- 34. Teases or bullies others (in or outside the family) _____
- 35. Blames others for his/her mistakes or troubles _____
- 36. Takes things that do not belong to him/her. _____
- 37. Refuses to share _____
- 38. Leader or follower with friends _____

*****Please explain or elaborate in the space below. Thank you.**