

# BIT Behavioral Checklist

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

*Please check anything which **might** apply, and put **two** checks against anything which is especially important.*

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Accident prone</li> <li><input type="checkbox"/> Allergies (feel tired or hyper-active after eating)</li> <li><input type="checkbox"/> Clumsy</li> <li><input type="checkbox"/> Constipated</li> <li>• <input type="checkbox"/> Daydreams excessively</li> <li>• <input type="checkbox"/> Difficulty budgeting time</li> <li>• <input type="checkbox"/> Difficulty concentrating</li> <li>• <input type="checkbox"/> Difficulty focusing eyes</li> <li>• <input type="checkbox"/> Difficulty following directions</li> <li>• <input type="checkbox"/> Difficulty giving directions</li> <li>• <input type="checkbox"/> Difficulty telling time</li> <li><input type="checkbox"/> Dizziness/vertigo/balance problems</li> <li><input type="checkbox"/> Eye strain/rubs eyes a lot</li> <li>• <input type="checkbox"/> Fear of speaking in front of a group</li> <li>• <input type="checkbox"/> Has trouble remembering directions</li> <li>• <input type="checkbox"/> Has trouble remembering months of the year</li> <li>• <input type="checkbox"/> Has trouble remembering names</li> <li>• <input type="checkbox"/> Has trouble remembering right/left</li> <li>• <input type="checkbox"/> Has trouble remembering times table</li> <li><input type="checkbox"/> Has trouble differentiating colors</li> <li><input type="checkbox"/> Headaches</li> <li>• <input type="checkbox"/> Impatient/restless</li> <li>• <input type="checkbox"/> Impulsive</li> <li><input type="checkbox"/> Inappropriate drowsiness</li> <li>• <input type="checkbox"/> Lacks confidence</li> <li>• <input type="checkbox"/> Leave projects incomplete</li> <li><input type="checkbox"/> Letter/number reversal</li> <li>• <input type="checkbox"/> Lies</li> <li>• <input type="checkbox"/> Mood swings</li> </ul> | <ul style="list-style-type: none"> <li>• <input type="checkbox"/> <u>Over</u> or under active</li> <li><input type="checkbox"/> Poor eye hand co-ordination</li> <li><input type="checkbox"/> Poor handwriting</li> <li>• <input type="checkbox"/> Poor organisational skills</li> <li>• <input type="checkbox"/> Poor reading comprehension</li> <li><input type="checkbox"/> Poor reading skills</li> <li><input type="checkbox"/> Poor balance</li> <li>• <input type="checkbox"/> Poor spelling</li> <li><input type="checkbox"/> Poor at sports or rhythmic activities</li> <li>• <input type="checkbox"/> Rests head on arm while working</li> <li>• <input type="checkbox"/> Short attention span</li> <li>• <input type="checkbox"/> Slow in completing work</li> <li>• <input type="checkbox"/> Stops in the middle of a game</li> <li><input type="checkbox"/> Test or performance anxiety</li> <li>• <input type="checkbox"/> Timid/shy</li> <li><input type="checkbox"/> Mathematics</li> <li><input type="checkbox"/> Phobias/fears (explain) _____</li> <li>_____</li> <li><input type="checkbox"/> Speech difficulties (explain) _____</li> <li>_____</li> <li><input type="checkbox"/> TMJ/Orthodontics _____</li> <li>_____</li> <li><input type="checkbox"/> Other: (explain) _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> |
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