

Please Print

CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

Office Use Only

Child's Full Name	First Middle Last	Boy Girl	Age	9 8 7 6 5 4 3 2 1 0
USE NO. 2 PENCIL ONLY	Today's Date Month Day Year	Child's Birthdate Month Day Year	Ethnic Group	Age Identification Number SES Agency
RIGHT WRONG	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	African American Asian Latino, Latina Native American (American Indian) Pacific Islander White Non-Latino Other (specify):	9 8 7 6 5 4 3 2 1 0
Grade in School	Office Use	Office Use		
Preschool Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12 Post High School Not Attending School				

PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific - for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.

THIS FORM FILLED OUT BY:

FATHER'S TYPE OF WORK:

MOTHER'S TYPE OF WORK:

Mother (full name):

Father (full name):

Other - full name & relationship to child:

Please fill out this form to reflect your view of the child's behavior even if other people might not agree.

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a.	<input type="radio"/>							
b.	<input type="radio"/>							
c.	<input type="radio"/>							

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, singing, etc. (Do not include listening to radio or TV.)

None

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a.	<input type="radio"/>							
b.	<input type="radio"/>							
c.	<input type="radio"/>							

III. Please list any organizations, clubs, teams, or groups your child belongs to.

None

	Don't Know	Less Active	Average	More Active
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store. (Include both paid and unpaid jobs and chores.) None

Compared to others of the same age, how well does he/she carry them out?

Don't Know Below Average Average Above Average

a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

V. 1. About how many close friends does your child have? (Do not include brothers and sisters) None 1 2 or 3 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours? (Do not include brothers and sisters) Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	About Average	Better	<input type="radio"/> Has no brothers or sisters
a. Get along with his/her brothers and sisters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Get along with other kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Behave with his/her parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Play and work alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

VII. 1. For ages 6 and older - performance in academic subjects: Not attending school because:

	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. History or Social Studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Arithmetic or Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other academic subjects - for example: computer course, foreign language, business. Do not include gym, shop, driver's ed., etc.

2. Does your child receive special remedial services or attend a special class or special school? No Yes - kind of services, class or school:

3. Has your child repeated any grades? No Yes - grades and reasons:

4. Has your child had any academic or other problems in school? No Yes - please describe:

When did these problems start?

Have these problems ended? No Yes - when?

Does your child have any illness or disability (either physical or mental)? No Yes - please describe:

What concerns you most about your child?

Please describe the best things about your child:

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Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please fill in the bubble under 2 if the item is very true or often true of your child. Fill in the bubble under 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, fill in the bubble under 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0 1 2
 1. Acts too young for his/her age
 2. Allergy (describe):

0 1 2
 3. Argues a lot
 4. Asthma

0 1 2
 5. Behaves like opposite sex
 6. Bowel movements outside toilet

0 1 2
 7. Bragging, boasting
 8. Can't concentrate, can't pay attention for long

0 1 2
 9. Can't get his/her mind off certain thoughts; obsessions (describe):

0 1 2
 10. Can't sit still, restless, or hyperactive

0 1 2
 11. Clings to adults or too dependent
 12. Complains of loneliness

0 1 2
 13. Confused or seems to be in a daze
 14. Cries a lot

0 1 2
 15. Cruel to animals
 16. Cruelty, bullying, or aggression to others

0 1 2
 17. Day-dreams, gets lost in his/her thoughts
 18. Deliberately harms self or attempts suicide

0 1 2
 19. Demands a lot of attention
 20. Destroys his/her own things

0 1 2
 21. Destroys things belonging to his/her family or others

0 1 2
 22. Disobedient at home

0 1 2
 23. Disobedient at school

0 1 2
 24. Doesn't eat well

0 1 2
 25. Doesn't get along with other kids

0 1 2
 26. Doesn't seem to feel guilty after misbehaving

0 1 2
 27. Easily jealous

0 1 2
 28. Eats or drinks things that are not food - *don't* include sweets (describe):

0 1 2
 29. Fears certain animals, situations, or places, other than school (describe):

0 1 2
 30. Fears going to school

0 1 2
 31. Fears he/she might think or do something bad

0 1 2
 32. Feels he/she has to be perfect
 33. Feels or complains that no one loves him/her

0 1 2
 34. Feels others are out to get him/her
 35. Feels worthless or inferior

0 1 2
 36. Gets hurt a lot, accident-prone
 37. Gets in many fights

0 1 2
 38. Gets teased a lot
 39. Hangs around with others who get in trouble

0 1 2
 40. Hears sounds or voices that aren't there (describe):

0 1 2
 41. Impulsive or acts without thinking

0 1 2
 42. Would rather be alone than with others

0 1 2
 43. Lying or cheating

0 1 2
 44. Bites fingernails

0 1 2
 45. Nervous, highstrung, or tense

0 1 2
 46. Nervous movements or twitching (describe):

0 1 2
 47. Nightmares

0 1 2
 48. Not liked by other kids

0 1 2
 49. Constipated, doesn't move bowels

0 1 2
 50. Too fearful or anxious

0 1 2
 51. Feels dizzy

0 1 2
 52. Feels too guilty

0 1 2
 53. Overeating

0 1 2
 54. Overtired

0 1 2
 55. Overweight

0 1 2
 55. Physical problems *without known medical cause*:

0 1 2
 a. Aches or pains (*not* stomach or headaches)

0 1 2
 b. Headaches

0 1 2
 c. Nausea, feels sick

0 1 2
 d. Problems with eyes (*not* if corrected by glasses) (describe):

0 1 2
 e. Rashes or other skin problems

0 1 2
 f. Stomachaches or cramps

0 1 2
 g. Vomiting, throwing up

0 1 2
 h. Other (describe):

0 1 2

0 1 2

0 1 2

0 1 2

0 1 2

0 1 2

0 1 2

0 1 2
 57. Physically attacks people

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0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0 1 2
○ ○ ○ 58. Picks nose, skin, or other parts of body (describe):

0 1 2
○ ○ ○ 59. Plays with own sex parts in public
○ ○ ○ 60. Plays with own sex parts too much

0 1 2
○ ○ ○ 61. Poor school work
○ ○ ○ 62. Poorly coordinated or clumsy

0 1 2
○ ○ ○ 63. Prefers being with older kids
○ ○ ○ 64. Prefers being with younger kids

0 1 2
○ ○ ○ 65. Refuses to talk
○ ○ ○ 66. Repeats certain acts over and over; compulsions (describe):

0 1 2
○ ○ ○ 67. Runs away from home
○ ○ ○ 68. Screams a lot

0 1 2
○ ○ ○ 69. Secretive, keeps things to self
○ ○ ○ 70. Sees things that aren't there (describe):

0 1 2
○ ○ ○ 71. Self-conscious or easily embarrassed
○ ○ ○ 72. Sets fires

0 1 2
○ ○ ○ 73. Sexual problems (describe):

0 1 2
○ ○ ○ 74. Showing off or clowning

0 1 2
○ ○ ○ 75. Shy or timid
○ ○ ○ 76. Sleeps more than most kids

0 1 2
○ ○ ○ 77. Sleeps more than most kids during day and/or night (describe):

0 1 2
○ ○ ○ 78. Smears or plays with bowel movements

0 1 2
○ ○ ○ 79. Speech problem (describe):

0 1 2
○ ○ ○ 80. Stares blankly

0 1 2
○ ○ ○ 81. Steals at home
○ ○ ○ 82. Steals outside the home

0 1 2
○ ○ ○ 83. Stores up things he/she doesn't need (describe):

0 1 2
○ ○ ○ 84. Strange behavior (describe):

0 1 2
○ ○ ○ 85. Strange ideas (describe):

0 1 2
○ ○ ○ 86. Stubborn, sullen, or irritable

0 1 2
○ ○ ○ 87. Sudden changes in mood or feelings
○ ○ ○ 88. Sulks a lot

0 1 2
○ ○ ○ 89. Suspicious
○ ○ ○ 90. Swearing or obscene language

0 1 2
○ ○ ○ 91. Talks about killing self
○ ○ ○ 92. Talks or walks in sleep (describe):

0 1 2
○ ○ ○ 93. Talks too much
○ ○ ○ 94. Teases a lot

0 1 2
○ ○ ○ 95. Temper tantrums or hot temper
○ ○ ○ 96. Thinks about sex too much

0 1 2
○ ○ ○ 97. Threatens people
○ ○ ○ 98. Thumb-sucking

0 1 2
○ ○ ○ 99. Too concerned with neatness or cleanliness
○ ○ ○ 100. Trouble sleeping (describe):

0 1 2
○ ○ ○ 101. Truancy, skips school
○ ○ ○ 102. Underactive, slow moving, or lacks energy

0 1 2
○ ○ ○ 103. Unhappy, sad, or depressed
○ ○ ○ 104. Unusually loud

0 1 2
○ ○ ○ 105. Uses alcohol or drugs for nonmedical purposes (describe):

0 1 2
○ ○ ○ 106. Vandalism

0 1 2
○ ○ ○ 107. Wets self during the day
○ ○ ○ 108. Wets the bed

0 1 2
○ ○ ○ 109. Whining
○ ○ ○ 110. Wishes to be of opposite sex

0 1 2
○ ○ ○ 111. Withdrawn, doesn't get involved with others
○ ○ ○ 112. Worries

113. Please write in any problems your child has that were not listed above:

0 1 2
○ ○ ○ _____

0 1 2
○ ○ ○ _____

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