



Please print

CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID # _____

CHILD'S FULL NAME
First Middle Last

CHILD'S GENDER: Boy Girl
CHILD'S AGE: _____
CHILD'S ETHNIC GROUP OR RACE: _____

TODAY'S DATE: Mo. ____ Day ____ Year ____
CHILD'S BIRTHDATE: Mo. ____ Day ____ Year ____

GRADE IN SCHOOL: _____
NOT ATTENDING SCHOOL:

Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

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.)

FATHER'S TYPE OF WORK: _____
MOTHER'S TYPE OF WORK: _____

THIS FORM FILLED OUT BY: (print your full name) _____

Your gender: Male Female

Your relation to the child:

Biological Parent Step Parent Grandparent
 Adoptive Parent Foster Parent Other (specify) _____

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

Compared to others of the same age, about how much time does he/she spend in each?

Compared to others of the same age, how well does he/she do each one?

- None
- a. _____
- b. _____
- c. _____

Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Compared to others of the same age, about how much time does he/she spend in each?

Compared to others of the same age, how well does he/she do each one?

- None
- a. _____
- b. _____
- c. _____

Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Compared to others of the same age, how active is he/she in each?

- None
- a. _____
- b. _____
- c. _____

Less Active	Average	More Active	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

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

- None
- a. _____
- b. _____
- c. _____

Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

- V. 1. About how many close friends does your child have? (Do *not* include brothers & 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 & sisters) Less than 1 1 or 2 3 or more

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

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

VII. 1. Performance in academic subjects. Does not attend school because _____

Check a box for each subject that child takes	Failing	Below	Average	Above
		Average	Average	Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

2. Does your child receive special education or 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.

Please print. Be sure to answer all items.

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 circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **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 |
| 0 | 1 | 2 | 2. Drinks alcohol without parents' approval
(describe): _____ |
| 0 | 1 | 2 | 3. Argues a lot |
| 0 | 1 | 2 | 4. Falls to finish things he/she starts |
| 0 | 1 | 2 | 5. There is very little he/she enjoys |
| 0 | 1 | 2 | 6. Bowel movements outside toilet |
| 0 | 1 | 2 | 7. Bragging, boasting |
| 0 | 1 | 2 | 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 |
| 0 | 1 | 2 | 12. Complains of loneliness |
| 0 | 1 | 2 | 13. Confused or seems to be in a fog |
| 0 | 1 | 2 | 14. Cries a lot |
| 0 | 1 | 2 | 15. Cruel to animals |
| 0 | 1 | 2 | 16. Cruelty, bullying, or meanness to others |
| 0 | 1 | 2 | 17. Daydreams or gets lost in his/her thoughts |
| 0 | 1 | 2 | 18. Deliberately harms self or attempts suicide |
| 0 | 1 | 2 | 19. Demands a lot of attention |
| 0 | 1 | 2 | 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. Breaks rules at home, school, or elsewhere |
| 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 |
| 0 | 1 | 2 | 33. Feels or complains that no one loves him/her |
| 0 | 1 | 2 | 34. Feels others are out to get him/her |
| 0 | 1 | 2 | 35. Feels worthless or inferior |
| 0 | 1 | 2 | 36. Gets hurt a lot, accident-prone |
| 0 | 1 | 2 | 37. Gets in many fights |
| 0 | 1 | 2 | 38. Gets teased a lot |
| 0 | 1 | 2 | 39. Hangs around with others who get in trouble |
| 0 | 1 | 2 | 40. Hears sound 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 or lightheaded |
| 0 | 1 | 2 | 52. Feels too guilty |
| 0 | 1 | 2 | 53. Overeating |
| 0 | 1 | 2 | 54. Overtired without good reason |
| 0 | 1 | 2 | 55. Overweight |
| | | | 56. Physical problems <i>without known medical
cause</i> : |
| 0 | 1 | 2 | a. Aches or pains (<i>not</i> stomach or headaches) |
| 0 | 1 | 2 | b. Headaches |
| 0 | 1 | 2 | c. Nausea, feels sick |
| 0 | 1 | 2 | d. Problems with eyes (<i>not</i> if corrected by glasses)
(describe): _____ |
| 0 | 1 | 2 | e. Rashes or other skin problems |
| 0 | 1 | 2 | f. Stomachaches |
| 0 | 1 | 2 | g. Vomiting, throwing up |
| 0 | 1 | 2 | h. Other (describe): _____ |

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
0 1 2 58. Picks nose, skin, or other parts of body (describe): _____

- 0 1 2 59. Plays with own sex parts in public
0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____

- 0 1 2 67. Runs away from home
0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
0 1 2 70. Sees things that aren't there (describe): _____

- 0 1 2 71. Self-conscious or easily embarrassed
0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____

- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many 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
- 0 1 2 88. Sulks a lot
0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
0 1 2 105. Uses drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____

- 0 1 2 106. Vandalism
0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems your child has that were not listed above:
0 1 2 _____
0 1 2 _____
0 1 2 _____