



Please print

CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID #CHILD'S FULL NAME
First Middle LastCHILD'S GENDER
☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S ETHNIC GROUP
OR RACE

TODAY'S DATE

Mo. Date Yr.

CHILD'S BIRTHDATE

Mo. Date Yr.

GRADE
IN
SCHOOLNOT 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 WORKMOTHER'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.

☐ None

a. _____

b. _____

c. _____

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

Less Than Average Average More Than Average Don't Know

☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐

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

Below Average Average Above Average Don't Know

☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐

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.)

☐ None

a. _____

b. _____

c. _____

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

Less Than Average Average More Than Average Don't Know

☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐

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

Below Average Average Above Average Don't Know

☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐

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

☐ None

a. _____

b. _____

c. _____

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

Less Active Average More Active Don't Know

☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐

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.)

☐ None

a. _____

b. _____

c. _____

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

Below Average Average Above Average Don't Know

☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐

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

- 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	Average	Above Average
Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., or other nonacademic subjects.	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"/>

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.

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	32. Feels he/she has to be perfect
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty
0	1	2	22. Disobedient at home	0	1	2	53. Overeating
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight
0	1	2	25. Doesn't get along with other kids	56. Physical problems <i>without known medical cause</i> :			
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains (<i>not</i> stomach or headaches)
0	1	2	27. Easily jealous	0	1	2	b. Headaches
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes (<i>not</i> if corrected by glasses) (describe): _____
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems
0	1	2	31. Fears he/she might think or do something bad	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	84. Strange behavior (describe): _____
0 1 2	58. Picks nose, skin, or other parts of body (describe): _____	0 1 2	85. Strange ideas (describe): _____
0 1 2	59. Plays with own sex parts in public	0 1 2	86. Stubborn, sullen, or irritable
0 1 2	60. Plays with own sex parts too much	0 1 2	87. Sudden changes in mood or feelings
0 1 2	61. Poor school work	0 1 2	88. Sulks a lot
0 1 2	62. Poorly coordinated or clumsy	0 1 2	89. Suspicious
0 1 2	63. Prefers being with older kids	0 1 2	90. Swearing or obscene language
0 1 2	64. Prefers being with younger kids	0 1 2	91. Talks about killing self
0 1 2	65. Refuses to talk	0 1 2	92. Talks or walks in sleep (describe): _____
0 1 2	66. Repeats certain acts over and over; compulsions (describe): _____	0 1 2	93. Talks too much
0 1 2	67. Runs away from home	0 1 2	94. Teases a lot
0 1 2	68. Screams a lot	0 1 2	95. Temper tantrums or hot temper
0 1 2	69. Secretive, keeps things to self	0 1 2	96. Thinks about sex too much
0 1 2	70. Sees things that aren't there (describe): _____	0 1 2	97. Threatens people
0 1 2	71. Self-conscious or easily embarrassed	0 1 2	98. Thumb-sucking
0 1 2	72. Sets fires	0 1 2	99. Smokes, chews, or sniffs tobacco
0 1 2	73. Sexual problems (describe): _____	0 1 2	100. Trouble sleeping (describe): _____
0 1 2	74. Showing off or clowning	0 1 2	101. Truancy, skips school
0 1 2	75. Too shy or timid	0 1 2	102. Underactive, slow moving, or lacks energy
0 1 2	76. Sleeps less than most kids	0 1 2	103. Unhappy, sad, or depressed
0 1 2	77. Sleeps more than most kids during day and/or night (describe): _____	0 1 2	104. Unusually loud
0 1 2	78. Inattentive or easily distracted	0 1 2	105. Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): _____
0 1 2	79. Speech problem (describe): _____	0 1 2	106. Vandalism
0 1 2	80. Stares blankly	0 1 2	107. Wets self during the day
0 1 2	81. Steals at home	0 1 2	108. Wets the bed
0 1 2	82. Steals outside the home	0 1 2	109. Whining
0 1 2	83. Stores up too many things he/she doesn't need (describe): _____	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
		0 1 2	113. Please write in any problems your child has that were not listed above:
		0 1 2	_____
		0 1 2	_____
		0 1 2	_____