



# CHILD ADOLESCENT BEHAVIORAL CHECKLIST

Patient name \_\_\_\_\_

MR# \_\_\_\_\_

Child/Adolescent's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Directions: This form is to be completed by parents of children and adolescents under the age of 18 at the onset of treatment. (Note: If you cannot fit responses in the spaces provided below, please use the back of the page.)

### Part I: School

1. Is your child attending school?  Yes  No

If so, what grade? \_\_\_\_\_ What school? \_\_\_\_\_  
Location of school \_\_\_\_\_

2. Has your child ever repeated a grade?  Yes  No

If so, what grade(s)? \_\_\_\_\_ Please explain below.  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child receive any special education/special accommodations at school (including a 504 plan or an Individualized Education Plan (IEP)?  Yes  No

\*If so, please bring a copy of your child's education plan with you to your intake appointment if possible.

What is your child's classification? \_\_\_\_\_  
Please briefly explain the accommodations your child receives at school.  
\_\_\_\_\_  
\_\_\_\_\_

4. Is your child experiencing any academic or behavioral issues at school?  Yes  No

If so, please explain the nature of these issues and when they started.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part II: Social Functioning

1. How many close friends does your child have? \_\_\_\_\_

2. Please specify any extracurricular activities/social clubs in which your child participates.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part III: Attention/Focus and Behavioral Issues

1. Does your child have difficulty focusing/paying attention? Is he/she easily distracted?  Yes  No

2. Please describe any behavioral issues your child is experiencing. Does your child have meltdowns? Is your child engaging in any acting out behaviors? Is your child exhibiting hyperactive or defiant behavior?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Parent Assessment: Review of Symptoms

Directions: Below is a list of symptoms that children/adolescents may experience. Please rate each symptom based on your observation of your child in the last six months.

Please note: 0 = Never; 1 = Sometimes; 2 = Always

- |  |   |   |   |
|--|---|---|---|
| 1. Appears to be sad a majority of the time  | 0 | 1 | 2 |
| 2. Does not seem to enjoy anything   | 0 | 1 | 2 |
| 3. Talks about dying, not wanting to be around, or killing himself/herself                             | 0 | 1 | 2 |
| 4. Engages in self harming behaviors, such as cutting or scratching                                    | 0 | 1 | 2 |
| 5. Experiences difficulty concentrating/focusing, or is easily distracted                              | 0 | 1 | 2 |
| 6. Cannot seem to sit still/is restless  | 0 | 1 | 2 |
| 7. Has difficulty completing tasks   | 0 | 1 | 2 |
| 8. Has expressed feeling lonely  | 0 | 1 | 2 |
| 9. Cries often   | 0 | 1 | 2 |
| 10. Bullies others (is unkind to animals or people)  | 0 | 1 | 2 |
| 11. Is bullied by others/is teased by peers  | 0 | 1 | 2 |
| 12. Refuses to go to school, or is afraid to go to school  | 0 | 1 | 2 |
| 13. Refuses to do homework   | 0 | 1 | 2 |
| 14. Lies, cheats or steals   | 0 | 1 | 2 |
| 15. Engages in repetitive behaviors (i.e. checks things, or washes hands over and over)                | 0 | 1 | 2 |
| 16. Worries a lot, or has illogical fears  | 0 | 1 | 2 |
| 17. Experiences physical or medical issues (i.e. vomiting, headaches), without any medical explanation | 0 | 1 | 2 |
| 18. Engages in sexually inappropriate behavior.  | 0 | 1 | 2 |
- \*\*If so, please write an explanation on the back of this page.