



Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID # _____

CHILD'S FULL NAME: First _____ Middle _____ Last _____

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 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.

None

	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?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<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, cars, computers, singing, etc. (Do not include listening to radio or TV.)

None

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

None

	Compared to others of the same age, how active is he/she in each?			
	Less Active	Average	More Active	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<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.)

None

	Compared to others of the same age, how well does he/she carry them out?			
	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please print your answers. 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 55. Plays with own sex parts too much
- 0 1 2 56. Poorly coordinated or clumsy
- 0 1 2 57. Problems with eyes (without medical cause)
(describe): _____
- 0 1 2 58. Punishment doesn't change his/her behavior
- 0 1 2 59. Quickly shifts from one activity to another
- 0 1 2 60. Rashes or other skin problems (without
medical cause)
- 0 1 2 61. Refuses to eat
- 0 1 2 62. Refuses to play active games
- 0 1 2 63. Repeatedly rocks head or body
- 0 1 2 64. Resists going to bed at night
- 0 1 2 65. Resists toilet training (describe): _____
- 0 1 2 66. Screams a lot
- 0 1 2 67. Seems unresponsive to affection
- 0 1 2 68. Self-conscious or easily embarrassed
- 0 1 2 69. Selfish or won't share
- 0 1 2 70. Shows little affection toward people
- 0 1 2 71. Shows little interest in things around him/her
- 0 1 2 72. Shows too little fear of getting hurt
- 0 1 2 73. Too shy or timid
- 0 1 2 74. Sleeps less than most children during day
and/or night (describe): _____
- 0 1 2 75. Smears or plays with bowel movements
- 0 1 2 76. Speech problem (describe): _____
- 0 1 2 77. Stares into space or seems preoccupied
- 0 1 2 78. Stomachaches or cramps (without medical
cause)

- 0 1 2 79. Rapid shifts between sadness and
excitement
- 0 1 2 80. Strange behavior (describe): _____
- 0 1 2 81. Stubborn, sullen, or irritable
- 0 1 2 82. Sudden changes in mood or feelings
- 0 1 2 83. Sulks a lot
- 0 1 2 84. Talks or cries out in sleep
- 0 1 2 85. Temper tantrums or hot temper
- 0 1 2 86. Too concerned with neatness or cleanliness
- 0 1 2 87. Too fearful or anxious
- 0 1 2 88. Uncooperative
- 0 1 2 89. Underactive, slow moving, or lacks energy
- 0 1 2 90. Unhappy, sad, or depressed
- 0 1 2 91. Unusually loud
- 0 1 2 92. Upset by new people or situations
(describe): _____
- 0 1 2 93. Vomiting, throwing up (without medical cause)
- 0 1 2 94. Wakes up often at night
- 0 1 2 95. Wanders away
- 0 1 2 96. Wants a lot of attention
- 0 1 2 97. Whining
- 0 1 2 98. Withdrawn, doesn't get involved with others
- 0 1 2 99. Worries
- 100. Please write in any problems the child has
that were not listed above.

Please be sure you have answered all items.
Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)? No Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the 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			
1	2	1.	Acts too young for his/her age	0	1 2	32.	Feels he/she has to be perfect
1	2	2.	Drinks alcohol without parents' approval (describe): _____	0	1 2	33.	Feels or complains that no one loves him/her
1	2	3.	Argues a lot	0	1 2	34.	Feels others are out to get him/her
1	2	4.	Fails to finish things he/she starts	0	1 2	35.	Feels worthless or inferior
1	2	5.	There is very little he/she enjoys	0	1 2	36.	Gets hurt a lot, accident-prone
1	2	6.	Bowel movements outside toilet	0	1 2	37.	Gets in many fights
1	2	7.	Bragging, boasting	0	1 2	38.	Gets teased a lot
1	2	8.	Can't concentrate, can't pay attention for long	0	1 2	39.	Hangs around with others who get in trouble
1	2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1 2	40.	Hears sound or voices that aren't there (describe): _____
1	2	10.	Can't sit still, restless, or hyperactive	0	1 2	41.	Impulsive or acts without thinking
1	2	11.	Clings to adults or too dependent	0	1 2	42.	Would rather be alone than with others
1	2	12.	Complains of loneliness	0	1 2	43.	Lying or cheating
1	2	13.	Confused or seems to be in a fog	0	1 2	44.	Bites fingernails
1	2	14.	Cries a lot	0	1 2	45.	Nervous, highstrung, or tense
1	2	15.	Cruel to animals	0	1 2	46.	Nervous movements or twitching (describe): _____
1	2	16.	Cruelty, bullying, or meanness to others	0	1 2	47.	Nightmares
1	2	17.	Daydreams or gets lost in his/her thoughts	0	1 2	48.	Not liked by other kids
1	2	18.	Deliberately harms self or attempts suicide	0	1 2	49.	Constipated; doesn't move bowels
1	2	19.	Demands a lot of attention	0	1 2	50.	Too fearful or anxious
1	2	20.	Destroys his/her own things	0	1 2	51.	Feels dizzy or lightheaded
1	2	21.	Destroys things belonging to his/her family or others	0	1 2	52.	Feels too guilty
1	2	22.	Disobedient at home	0	1 2	53.	Overeating
1	2	23.	Disobedient at school	0	1 2	54.	Overtired without good reason
1	2	24.	Doesn't eat well	0	1 2	55.	Overweight
1	2	25.	Doesn't get along with other kids			56.	Physical problems <i>without known medical cause</i> :
1	2	26.	Doesn't seem to feel guilty after misbehaving	0	1 2	a.	Aches or pains (<i>not</i> stomach or headaches)
1	2	27.	Easily jealous	0	1 2	b.	Headaches
1	2	28.	Breaks rules at home, school, or elsewhere	0	1 2	c.	Nausea, feels sick
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): _____
1	2	30.	Fears going to school	0	1 2	e.	Rashes or other skin problems
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 circle each word that your child says SPONTANEOUSLY (not just imitates or understands). If your child says non-English versions of words on the list, circle the English word and write the first letter of the language (e.g., S for Spanish). Please include words even if they are not pronounced clearly or are in "baby talk" (for example: "baba" for bottle).

- | WORDS | ANIMALS | ACTIONS | HOUSEHOLD | MODIFIERS | OTHER |
|-----------------|-------------------|-----------------|------------------|----------------|-----------------|
| 1. apple | 55. bear | 107. bath | 163. bathtub | 216. all gone | 264. any letter |
| 2. banana | 56. bee | 108. breakfast | 164. bed | 217. all right | 265. away |
| 3. bread | 57. bird | 109. bring | 165. blanket | 218. bad | 266. booboo |
| 4. butter | 58. bug | 110. catch | 166. bottle | 219. big | 267. byebye |
| 5. cake | 59. bunny | 111. clap | 167. bowl | 220. black | 268. excuse me |
| 6. candy | 60. cat | 112. close | 168. chair | 221. blue | 269. here |
| 7. cereal | 61. chicken | 113. come | 169. clock | 222. broken | 270. hi, hello |
| 8. cheese | 62. cow | 114. cough | 170. crib | 223. clean | 271. in |
| 9. coffee | 63. dog | 115. cut | 171. cup | 224. cold | 272. me |
| 10. cookie | 64. duck | 116. dance | 172. door | 225. dark | 273. meow |
| 11. crackers | 65. elephant | 117. dinner | 173. floor | 226. dirty | 274. my |
| 12. drink | 66. fish | 118. doodoo | 174. fork | 227. dry | 275. myself |
| 13. egg | 67. frog | 119. down | 175. glass | 228. good | 276. nightnight |
| 14. food | 68. horse | 120. eat | 176. knife | 229. happy | 277. no |
| 15. grapes | 69. monkey | 121. feed | 177. light | 230. heavy | 278. off |
| 16. gum | 70. pig | 122. finish | 178. mirror | 231. hot | 279. on |
| 17. hamburger | 71. puppy | 123. fix | 179. pillow | 232. hungry | 280. out |
| 18. hotdog | 72. snake | 124. get | 180. plate | 233. little | 281. please |
| 19. ice cream | 73. tiger | 125. give | 181. potty | 234. mine | 282. Sesame St. |
| 20. juice | 74. turkey | 126. go | 182. radio | 235. more | 283. shut up |
| 21. meat | 75. turtle | 127. have | 183. room | 236. nice | 284. thank you |
| 22. milk | | 128. help | 184. sink | 237. pretty | 285. there |
| 23. orange | BODY PARTS | 129. hit | 185. soap | 238. red | 286. under |
| 24. pizza | 76. arm | 130. hug | 186. spoon | 239. stinky | 287. welcome |
| 25. pretzel | 77. belly button | 131. jump | 187. stairs | 240. that | 288. what |
| 26. raisins | 78. bottom | 132. kick | 188. table | 241. this | 289. where |
| 27. soda | 79. chin | 133. kiss | 189. telephone | 242. tired | 290. why |
| 28. soup | 80. ear | 134. knock | 190. towel | 243. wet | 291. woofwoof |
| 29. spaghetti | 81. elbow | 135. look | 191. trash | 244. white | 292. yes |
| 30. tea | 82. eye | 136. love | 192. T.V. | 245. yellow | 293. you |
| 31. toast | 83. face | 137. lunch | 193. window | 246. yucky | 294. yumyum |
| 32. water | 84. finger | 138. make | | | 295. any number |
| | 85. foot | 139. nap | PERSONAL | CLOTHES | PEOPLE |
| TOYS | 86. hair | 140. open | 194. brush | 247. belt | 296. aunt |
| 33. ball | 87. hand | 141. outside | 195. comb | 248. boots | 297. baby |
| 34. balloon | 88. knee | 142. patty cake | 196. glasses | 249. coat | 298. boy |
| 35. blocks | 89. leg | 143. peekaboo | 197. key | 250. diaper | 299. daddy |
| 36. book | 90. mouth | 144. peepee | 198. money | 251. dress | 300. doctor |
| 37. crayons | 91. neck | 145. push | 199. paper | 252. gloves | 301. girl |
| 38. doll | 92. nose | 146. read | 200. pen | 253. hat | 302. grandma |
| 39. picture | 93. teeth | 147. ride | 201. pencil | 254. jacket | 303. grandpa |
| 40. present | 94. thumb | 148. run | 202. penny | 255. mittens | 304. lady |
| 41. slide | 95. toe | 149. see | 203. pocketbook | 256. pajamas | 305. man |
| 42. swing | 96. tummy | 150. show | 204. tissue | 257. pants | 306. mommy |
| 43. teddy bear | | 151. shut | 205. tooth brush | 258. shirt | 307. own name |
| | VEHICLES | 152. sing | 206. umbrella | 259. shoes | 308. pet name |
| OUTDOORS | 97. bike | 153. sit | 207. watch | 260. slippers | 309. uncle |
| 44. flower | 98. boat | 154. sleep | | 261. sneakers | 310. name of TV |
| 45. house | 99. bus | 155. stop | PLACES | 262. socks | or story |
| 46. moon | 100. car | 156. take | 208. church | 263. sweater | character |
| 47. rain | 101. motorcycle | 157. throw | 209. home | | |
| 48. sidewalk | 102. plane | 158. tickle | 210. hospital | | |
| 49. sky | 103. stroller | 159. up | 211. library | | |
| 50. snow | 104. train | 160. walk | 212. park | | |
| 51. star | 105. trolley | 161. want | 213. school | | |
| 52. street | 106. truck | 162. wash | 214. store | | |
| 53. sun | | | 215. zoo | | |
| 54. tree | | | | | |

Other words your child says, including non-English words:
