	Please pr	int			For office use only ID #	Rating Period #	Days in Interval:
	Brief	PROBLEM	MONITOR-PAR	ent Form	1 (BPM-)	P) FOR AGES	6-18
CHILD'S	S First	Middle	Last	CHILD'S GENDE	R CHILD'S AGE	CHILD'S BIRTHDATE	
FULL NAME						MoDay	Year
COMPLETE THIS FORM BY THIS FORM FILLED OUT BY					Your gender: Man Woman Another – Specify:		
Mo	Day	Year	(print your name)		- Your relation to	the child: Biological Pa	rent Step Parent
TODAY'	S DATE			Grandparent Adoptive Parent Foster		Foster Parent	
Mo	Day	Year	-		Another (spe	ecify):	

Below is a list of items that describe children and youths. Please rate each item to describe your child **now or within the past** ______days. Please circle the 2 if the item is **very true** of your child. Circle the 1 if the item is **somewhat 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 True 2 :	= Very True
				Comme	ents
0	1	2	1. Acts too young for age		
0	1	2	2. Argues a lot		
0	1	2	3. Fails to finish things they start		
0	1	2	4. Can't concentrate, can't pay attention for	long	
0	1	2	5. Can't sit still, restless, or hyperactive		
0	1	2	6. Destroys things belonging to family or othe	rs	
0	1	2	7. Disobedient at home		
0	1	2	8. Disobedient at school	<u>λ</u>	
0	1	2	9. Feels worthless or inferior		
0	1	2	10. Impulsive or acts without thinking	·	
0	1	2	11. Too fearful or anxious		
0	1	2	12. Feels too guilty		
0	1	2	13. Self-conscious or easily embarrassed		
0	1	2	14. Inattentive or easily distracted		
0	1	2	15. Stubborn, sullen, or irritable		
0	1	2	16. Temper tantrums or hot temper		
0	1	2	17. Threatens people		
0	1	2	18. Unhappy, sad, or depressed		
0	1	2	19. Worries		
			Additional items		
0	1	2			
0	1	2			
0	1	2			

Please be sure you answered all items.

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