



Please print.

CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5

For office use only
ID # _____

CHILD'S FULL NAME First Middle Last

CHILD'S GENDER CHILD'S AGE CHILD'S ETHNIC GROUP OR RACE

TODAY'S DATE CHILD'S BIRTHDATE
Mo. ___ Day ___ Year ___ Mo. ___ Day ___ Year ___

PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific — for example, auto technician, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.

PARENT 1 (or MOTHER)
TYPE OF WORK _____

PARENT 2 (or FATHER)
TYPE OF WORK _____

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

Your relation to child:

- Parent 1 (or Mother)
- Parent 2 (or Father)
- Another (specify): _____

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

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

- | | |
|---|---|
| <ul style="list-style-type: none"> 0 1 2 1. Aches or pains (without medical cause; do not include stomach or headaches) 0 1 2 2. Acts too young for age 0 1 2 3. Afraid to try new things 0 1 2 4. Avoids looking others in the eye 0 1 2 5. Can't concentrate, can't pay attention for long 0 1 2 6. Can't sit still, restless, or hyperactive 0 1 2 7. Can't stand having things out of place 0 1 2 8. Can't stand waiting; wants everything now 0 1 2 9. Chews on things that aren't edible 0 1 2 10. Clings to adults or too dependent 0 1 2 11. Constantly seeks help 0 1 2 12. Constipated, doesn't move bowels (when not sick) 0 1 2 13. Cries a lot 0 1 2 14. Cruel to animals 0 1 2 15. Defiant 0 1 2 16. Demands must be met immediately 0 1 2 17. Destroys own things 0 1 2 18. Destroys things belonging to family or other children 0 1 2 19. Diarrhea or loose bowels (when not sick) 0 1 2 20. Disobedient 0 1 2 21. Disturbed by any change in routine 0 1 2 22. Doesn't want to sleep alone 0 1 2 23. Doesn't answer when people talk to them 0 1 2 24. Doesn't eat well (describe): _____ 0 1 2 25. Doesn't get along with other children 0 1 2 26. Doesn't know how to have fun; acts like a little adult 0 1 2 27. Doesn't seem to feel guilty after misbehaving 0 1 2 28. Doesn't want to go out of home 0 1 2 29. Easily frustrated | <ul style="list-style-type: none"> 0 1 2 30. Easily jealous 0 1 2 31. Eats or drinks things that are not food - don't include sweets (describe): _____ 0 1 2 32. Fears certain animals, situations, or places (describe): _____ 0 1 2 33. Feelings are easily hurt 0 1 2 34. Gets hurt a lot, accident-prone 0 1 2 35. Gets in many fights 0 1 2 36. Gets into everything 0 1 2 37. Gets too upset when separated from parents 0 1 2 38. Has trouble getting to sleep 0 1 2 39. Headaches (without medical cause) 0 1 2 40. Hits others 0 1 2 41. Holds breath 0 1 2 42. Hurts animals or people without meaning to 0 1 2 43. Looks unhappy without good reason 0 1 2 44. Angry moods 0 1 2 45. Nausea, feels sick (without medical cause) 0 1 2 46. Nervous movements or twitching (describe): _____ 0 1 2 47. Nervous, highstrung, or tense 0 1 2 48. Nightmares 0 1 2 49. Overeating 0 1 2 50. Overtired 0 1 2 51. Shows panic for no good reason 0 1 2 52. Painful bowel movements (without medical cause) 0 1 2 53. Physically attacks people 0 1 2 54. Picks nose, skin, or other parts of body (describe): _____ |
|---|---|

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 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 them
- 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 kids 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.
0 1 2 _____
0 1 2 _____
0 1 2 _____

*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:

LANGUAGE DEVELOPMENT SURVEY FOR AGES 18-35 MONTHS

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The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of the child's developing language. ***Please print your answers. Be sure to answer all items.***

I. Was the child born earlier than the usual 9 months after conception?

- No Yes - how many weeks early? _____ weeks early.

II. How much did the child weigh at birth? _____ pounds _____ ounces; or _____ grams.

III. How many ear infections did the child have before age 24 months?

- 0-2 3-5 6-8 9 or more

IV. Is any language besides English spoken in the child's home?

- No Yes - please list the language(s): _____

V. Has anyone in the child's family been slow in learning to talk?

- No Yes - please list their relationship to the child; for example, brother, father:

VI. Are you worried about the child's language development?

- No Yes - why? _____

VII. Does the child spontaneously say words in any language (not just imitates or understands words)?

- No Yes - if yes, please complete item VIII and page 4.

VIII. Does the child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."

- No Yes - please print 5 of the child's longest and best phrases or sentences.

For each phrase that is not in English, print the name of the language.

1. _____
2. _____
3. _____
4. _____
5. _____

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

Please circle each word that the 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).

FOODS

1. apple
2. banana
3. bread
4. butter
5. cake
6. candy
7. cereal
8. cheese
9. coffee
10. cookie
11. crackers
12. drink
13. egg
14. food
15. grapes
16. gum
17. hamburger
18. hotdog
19. ice cream
20. juice
21. meat
22. milk
23. orange
24. pizza
25. pretzel
26. raisins
27. soda
28. soup
29. spaghetti
30. tea
31. toast
32. water

TOYS

33. ball
34. balloon
35. blocks
36. book
37. crayons
38. doll
39. picture
40. present
41. slide
42. swing
43. teddy bear

OUTDOORS

44. flower
45. house
46. moon
47. rain
48. sidewalk
49. sky
50. snow
51. star
52. street
53. sun
54. tree

ANIMALS

55. bear
56. bee
57. bird
58. bug
59. bunny
60. cat
61. chicken
62. cow
63. dog
64. duck
65. elephant
66. fish
67. frog
68. horse
69. monkey
70. pig
71. puppy
72. snake
73. tiger
74. turkey
75. turtle

BODY PARTS

76. arm
77. belly button
78. bottom
79. chin
80. ear
81. elbow
82. eye
83. face
84. finger
85. foot
86. hair
87. hand
88. knee
89. leg
90. mouth
91. neck
92. nose
93. teeth
94. thumb
95. toe
96. tummy

VEHICLES

97. bike
98. boat
99. bus
100. car
101. motorcycle
102. plane
103. stroller
104. train
105. trolley
106. truck

ACTIONS

107. bath
108. breakfast
109. bring
110. catch
111. clap
112. close
113. come
114. cough
115. cut
116. dance
117. dinner
118. doodoo/poop
119. down
120. eat
121. feed
122. finish
123. fix
124. get
125. give
126. go
127. have
128. help
129. hit
130. hug
131. jump
132. kick
133. kiss
134. knock
135. look
136. love
137. lunch
138. make
139. nap
140. open
141. outside
142. patty cake
143. peekaboo
144. peepee
145. push
146. read
147. ride
148. run
149. see
150. show
151. shut
152. sing
153. sit
154. sleep
155. stop
156. take
157. throw
158. tickle
159. up
160. walk
161. want
162. wash

HOUSEHOLD

163. bathtub
164. bed
165. blanket
166. bottle
167. bowl
168. chair
169. clock
170. crib
171. cup
172. door
173. floor
174. fork
175. glass
176. knife
177. light
178. mirror
179. pillow
180. plate
181. potty
182. radio
183. room
184. sink
185. soap
186. spoon
187. stairs
188. table
189. telephone
190. towel
191. trash
192. T.V.
193. window

PERSONAL

194. brush
195. comb
196. glasses
197. key
198. money
199. paper
200. pen
201. pencil
202. penny
203. pocketbook
204. tissue
205. tooth brush
206. umbrella
207. watch

PLACES

208. church
209. home
210. hospital
211. library
212. park
213. school
214. store
215. zoo

MODIFIERS

216. all gone
217. all right
218. bad
219. big
220. black
221. blue
222. broken
223. clean
224. cold
225. dark
226. dirty
227. dry
228. good
229. happy
230. heavy
231. hot
232. hungry
233. little
234. mine
235. more
236. nice
237. pretty
238. red
239. stinky
240. that
241. this
242. tired
243. wet
244. white
245. yellow
246. yucky

CLOTHES

247. belt
248. boots
249. coat
250. diaper
251. dress
252. gloves
253. hat
254. jacket
255. mittens
256. pajamas
257. pants
258. shirt
259. shoes
260. slippers
261. sneakers
262. socks
263. sweater

OTHER

264. any letter
265. away
266. booby
267. byebye
268. excuse me
269. here
270. hi, hello
271. in
272. me
273. meow
274. my
275. myself
276. nightnight
277. no
278. off
279. on
280. out
281. please
282. Sesame St.
283. shut up
284. thank you
285. there
286. under
287. welcome
288. what
289. where
290. why
291. woofwoof
292. yes
293. you
294. yumyum
295. any number

PEOPLE

296. aunt
297. baby
298. boy
299. daddy
300. doctor
301. girl
302. grandma
303. grandpa
304. lady
305. man
306. mommy
307. own name
308. pet name
309. uncle
310. name of TV or story character

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