



Please print

CHILD BEHAVIOR CHECKLIST FOR AGES 6-18For office use only
ID #

CHILD'S FIRST NAME	Middle	Last	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 FATHER) TYPE OF WORK _____ PARENT 2 (or MOTHER) TYPE OF WORK _____ THIS FORM FILLED OUT BY: (print your full name) _____ Your Gender: _____ Your relation to the child (e.g., parent): _____
CHILD'S GENDER	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	
TODAY'S DATE Mo. ____ Day ____ Year ____	CHILD'S BIRTHDATE Mo. ____ Day ____ Year ____		
GRADE IN SCHOOL _____	Please fill out this form to reflect <i>your</i> 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.		
NOT ATTENDING SCHOOL <input type="checkbox"/>			

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 child spend in each?

Less Than Average	Average	More Than Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of the same age, how well does child do each one?

Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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: video games, dolls, reading, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio, TV, or other media.)

☐ None

- a. _____
- b. _____
- c. _____

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

Less Than Average	Average	More Than Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of the same age, how well does child do each one?

Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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

- a. _____
- b. _____
- c. _____

Compared to others of the same age, how active is child in each?

Less Active	Average	More Active	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores your child has. For example: doing dishes, babysitting, making bed, working in a store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, how well does child carry them out?

Below Average	Average	Above Average	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please 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 similar age, how well does your child:

	Worse	Average	Better	
a. Get along with 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 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

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
b. History or Social Studies
c. Arithmetic or Math
d. Science
e. _____
f. _____
g. _____

	Failing	Below Average	Average	Above Average
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"/>
d.	<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 age |
| 0 | 1 | 2 | 2. Drinks alcohol without parents' approval (describe): _____ |
| 0 | 1 | 2 | 3. Argues a lot |
| 0 | 1 | 2 | 4. Fails to finish things they start |
| 0 | 1 | 2 | 5. There is very little they enjoy |
| 0 | 1 | 2 | 6. Bowel movements outside toilet |
| 0 | 1 | 2 | 7. Bragging, boasting |
| 0 | 1 | 2 | 8. Can't concentrate, can't pay attention for long |
| 0 | 1 | 2 | 9. Can't get mind off certain thoughts; obsessions (describe): _____ |
| 0 | 1 | 2 | 10. Can't sit still, restless, or hyperactive |
| 0 | 1 | 2 | 11. Clings to adults or too dependent |
| 0 | 1 | 2 | 12. Complains of loneliness |
| 0 | 1 | 2 | 13. Confused or seems to be in a fog |
| 0 | 1 | 2 | 14. Cries a lot |
| 0 | 1 | 2 | 15. Cruel to animals |
| 0 | 1 | 2 | 16. Cruelty, bullying, or meanness to others |
| 0 | 1 | 2 | 17. Daydreams or gets lost in thoughts |
| 0 | 1 | 2 | 18. Deliberately harms self or attempts suicide |
| 0 | 1 | 2 | 19. Demands a lot of attention |
| 0 | 1 | 2 | 20. Destroys own things |
| 0 | 1 | 2 | 21. Destroys things belonging to family or others |
| 0 | 1 | 2 | 22. Disobedient at home |
| 0 | 1 | 2 | 23. Disobedient at school |
| 0 | 1 | 2 | 24. Doesn't eat well |
| 0 | 1 | 2 | 25. Doesn't get along with other kids |
| 0 | 1 | 2 | 26. Doesn't seem to feel guilty after misbehaving |
| 0 | 1 | 2 | 27. Easily jealous |
| 0 | 1 | 2 | 28. Breaks rules at home, school, or elsewhere |
| 0 | 1 | 2 | 29. Fears certain animals, situations, or places, other than school (describe): _____ |
| 0 | 1 | 2 | 30. Fears going to school |
| 0 | 1 | 2 | 31. Fears they might think or do something bad |

- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 32. Feels they have to be perfect |
| 0 | 1 | 2 | 33. Feels or complains that no one loves them |
| 0 | 1 | 2 | 34. Feels others are out to get them |
| 0 | 1 | 2 | 35. Feels worthless or inferior |
| 0 | 1 | 2 | 36. Gets hurt a lot, accident-prone |
| 0 | 1 | 2 | 37. Gets in many fights |
| 0 | 1 | 2 | 38. Gets teased a lot |
| 0 | 1 | 2 | 39. Hangs around with others who get in trouble |
| 0 | 1 | 2 | 40. Hears sounds or voices that aren't there (describe): _____ |
| 0 | 1 | 2 | 41. Impulsive or acts without thinking |
| 0 | 1 | 2 | 42. Would rather be alone than with others |
| 0 | 1 | 2 | 43. Lying or cheating |
| 0 | 1 | 2 | 44. Bites fingernails |
| 0 | 1 | 2 | 45. Nervous, highstrung, or tense |
| 0 | 1 | 2 | 46. Nervous movements or twitching (describe): _____ |
| 0 | 1 | 2 | 47. Nightmares |
| 0 | 1 | 2 | 48. Not liked by other kids |
| 0 | 1 | 2 | 49. Constipated, doesn't move bowels |
| 0 | 1 | 2 | 50. Too fearful or anxious |
| 0 | 1 | 2 | 51. Feels dizzy or lightheaded |
| 0 | 1 | 2 | 52. Feels too guilty |
| 0 | 1 | 2 | 53. Overeating |
| 0 | 1 | 2 | 54. Overtired without good reason |
| 0 | 1 | 2 | 55. Overweight |
| | | | 56. Physical problems without known medical cause: |
| 0 | 1 | 2 | a. Aches or pains (not stomach or headaches) |
| 0 | 1 | 2 | b. Headaches |
| 0 | 1 | 2 | c. Nausea, feels sick |
| 0 | 1 | 2 | d. Problems with eyes (not if corrected by glasses) (describe): _____ |
| 0 | 1 | 2 | e. Rashes or other skin problems |
| 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 58. Picks nose, skin, or other parts of body (describe): _____
- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____
- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keep things to self
- 0 1 2 70. Sees things that aren't there (describe): _____
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____
- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____
- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things they don't need (describe): _____

- 0 1 2 84. Strange behavior (describe): _____
- 0 1 2 85. Strange ideas (describe): _____
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____
- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, sniffs tobacco or uses e-cigs
- 0 1 2 100. Trouble sleeping (describe): _____
- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____
- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of a different gender
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems your child has that were not listed above:
- 0 1 2 _____
- 0 1 2 _____
- 0 1 2 _____