



Please print

# CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID #

CHILD'S FULL NAME First Middle Last			<b>PARENTS' USUAL TYPE OF WORK, even if not working now.</b> <i>(Please be specific— for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)</i>			
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	PARENT 1 (or FATHER) TYPE OF WORK _____			
TODAY'S DATE Mo. ___ Day ___ Year ___		CHILD'S BIRTHDATE Mo. ___ Day ___ Year ___	PARENT 2 (or MOTHER) TYPE OF WORK _____			
GRADE IN SCHOOL _____		THIS FORM FILLED OUT BY: (print your full name) _____				
NOT ATTENDING SCHOOL <input type="checkbox"/>		Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify): _____				
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. <b>Be sure to answer all items.</b>						

**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 he/she 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 he/she 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 he/she 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 he/she 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 he/she 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 store, etc. (Include both paid and unpaid jobs and chores.)

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**Compared to others of the same age, how well does he/she 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"/>

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

Please print. Be sure to answer all items.

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 his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her 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 his/her 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.

	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<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.

**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**

- 0 1 2 1. Acts too young for his/her 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 he/she starts
- 0 1 2 5. There is very little he/she enjoys
- 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 his/her 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 his/her 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 his/her own things
- 0 1 2 21. Destroys things belonging to his/her 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 he/she might think or do something bad

- 0 1 2 32. Feels he/she has to be perfect
- 0 1 2 33. Feels or complains that no one loves him/her
- 0 1 2 34. Feels others are out to get him/her
- 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 sound 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
- 0 1 2 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 84. Strange behavior (describe):
0 1 2 58. Picks nose, skin, or other parts of body (describe):	_____
_____	0 1 2 85. Strange ideas (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 86. Stubborn, sullen, or irritable
0 1 2 61. Poor school work	0 1 2 87. Sudden changes in mood or feelings
0 1 2 62. Poorly coordinated or clumsy	0 1 2 88. Sulks a lot
0 1 2 63. Prefers being with older kids	0 1 2 89. Suspicious
0 1 2 64. Prefers being with younger kids	0 1 2 90. Swearing or obscene language
0 1 2 65. Refuses to talk	0 1 2 91. Talks about killing self
0 1 2 66. Repeats certain acts over and over; compulsions (describe):	0 1 2 92. Talks or walks in sleep (describe):
_____	_____
0 1 2 67. Runs away from home	0 1 2 93. Talks too much
0 1 2 68. Screams a lot	0 1 2 94. Teases a lot
0 1 2 69. Secretive, keeps things to self	0 1 2 95. Temper tantrums or hot temper
0 1 2 70. Sees things that aren't there (describe):	0 1 2 96. Thinks about sex too much
_____	0 1 2 97. Threatens people
0 1 2 71. Self-conscious or easily embarrassed	0 1 2 98. Thumb-sucking
0 1 2 72. Sets fires	0 1 2 99. Smokes, chews, sniffs tobacco or uses e-cigs
0 1 2 73. Sexual problems (describe):	0 1 2 100. Trouble sleeping (describe):
_____	_____
0 1 2 74. Showing off or clowning	0 1 2 101. Truancy, skips school
0 1 2 75. Too shy or timid	0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 76. Sleeps less than most kids	0 1 2 103. Unhappy, sad, or depressed
0 1 2 77. Sleeps more than most kids during day and/or night (describe):	0 1 2 104. Unusually loud
_____	0 1 2 105. Uses drugs for nonmedical purposes ( <i>don't</i> include alcohol or tobacco) (describe):
0 1 2 78. Inattentive or easily distracted	_____
0 1 2 79. Speech problem (describe):	0 1 2 106. Vandalism
_____	0 1 2 107. Wets self during the day
0 1 2 80. Stares blankly	0 1 2 108. Wets the bed
0 1 2 81. Steals at home	0 1 2 109. Whining
0 1 2 82. Steals outside the home	0 1 2 110. Wishes to be of opposite sex
0 1 2 83. Stores up too many things he/she doesn't need (describe):	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 _____