



Please print

CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID #

CHILD'S FULL NAME First Middle Last			PARENTS' USUAL TYPE OF WORK, even if not working now. <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	
TODAY'S DATE Mo. ___ Day ___ Year ___		CHILD'S BIRTHDATE Mo. ___ Day ___ Year ___	PARENT 2 (or MOTHER) TYPE OF WORK _____
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.		THIS FORM FILLED OUT BY: (print your full name) _____ Your gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other (specify) _____ 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): _____
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 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	32. Feels he/she has to be perfect
0 1 2	2. Drinks alcohol without parents' approval (describe):	0 1 2	33. Feels or complains that no one loves him/her
0 1 2	3. Argues a lot	0 1 2	34. Feels others are out to get him/her
0 1 2	4. Fails to finish things he/she starts	0 1 2	35. Feels worthless or inferior
0 1 2	5. There is very little he/she enjoys	0 1 2	36. Gets hurt a lot, accident-prone
0 1 2	6. Bowel movements outside toilet	0 1 2	37. Gets in many fights
0 1 2	7. Bragging, boasting	0 1 2	38. Gets teased a lot
0 1 2	8. Can't concentrate, can't pay attention for long	0 1 2	39. Hangs around with others who get in trouble
0 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):
0 1 2	10. Can't sit still, restless, or hyperactive	0 1 2	41. Impulsive or acts without thinking
0 1 2	11. Clings to adults or too dependent	0 1 2	42. Would rather be alone than with others
0 1 2	12. Complains of loneliness	0 1 2	43. Lying or cheating
0 1 2	13. Confused or seems to be in a fog	0 1 2	44. Bites fingernails
0 1 2	14. Cries a lot	0 1 2	45. Nervous, highstrung, or tense
0 1 2	15. Cruel to animals	0 1 2	46. Nervous movements or twitching (describe):
0 1 2	16. Cruelty, bullying, or meanness to others	0 1 2	47. Nightmares
0 1 2	17. Daydreams or gets lost in his/her thoughts	0 1 2	48. Not liked by other kids
0 1 2	18. Deliberately harms self or attempts suicide	0 1 2	49. Constipated, doesn't move bowels
0 1 2	19. Demands a lot of attention	0 1 2	50. Too fearful or anxious
0 1 2	20. Destroys his/her own things	0 1 2	51. Feels dizzy or lightheaded
0 1 2	21. Destroys things belonging to his/her family or others	0 1 2	52. Feels too guilty
0 1 2	22. Disobedient at home	0 1 2	53. Overeating
0 1 2	23. Disobedient at school	0 1 2	54. Overtired without good reason
0 1 2	24. Doesn't eat well	0 1 2	55. Overweight
0 1 2	25. Doesn't get along with other kids	0 1 2	56. Physical problems without know medical cause:
0 1 2	26. Doesn't seem to feel guilty after misbehaving	0 1 2	a. Aches or pains (not stomach or headaches)
0 1 2	27. Easily jealous	0 1 2	b. Headaches
0 1 2	28. Breaks rules at home, school, or elsewhere	0 1 2	c. Nausea, feels sick
0 1 2	29. Fears certain animals, situations, or places, other than school (describe):	0 1 2	d. Problems with eyes (not if corrected by glasses) (describe):
0 1 2	30. Fears going to school	0 1 2	e. Rashes or other skin problems
0 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 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, or sniffs tobacco
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 _____