



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	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"/>	Please fill out this form to reflect your 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.			
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): _____				

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

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

<input type="checkbox"/> None	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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.)

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

<input type="checkbox"/> None	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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.

Compared to others of the same age, how active is he/she in each?

<input type="checkbox"/> None	Less Active	Average	More Active	Don't Know
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"/>

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.)

Compared to others of the same age, how well does he/she carry them out?

<input type="checkbox"/> None	Below Average	Average	Above Average	Don't Know
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"/>

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
- 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 _____