

Child Checklist of Concerns

Child's Name:

Date:

Person completing this form:

If you have brought a child or adolescent for evaluation or treatment, please mark all of the items that apply to him/her. Feel free to add any other characteristics at the end.

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| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Argues, "talks back," defiant | <input type="checkbox"/> Low frustration tolerance, irritability |
| <input type="checkbox"/> Bullies/intimidates, teases, inflicts pain on others, bossy, picks on, provokes | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Cheats | <input type="checkbox"/> Mute, refuses to speak |
| <input type="checkbox"/> Cruel to animals | <input type="checkbox"/> Nail biting |
| <input type="checkbox"/> Concern for others | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Conflicts with parents | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Complains | <input type="checkbox"/> Need for high degree of supervision |
| <input type="checkbox"/> Cries easily, feelings are easily hurt | <input type="checkbox"/> Obedient |
| <input type="checkbox"/> Dawdles, procrastinates, wastes time | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Difficulties with parent's paramour/new marriage/new family | <input type="checkbox"/> Overactive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness, fidgety, noisiness |
| <input type="checkbox"/> Dependent, immature | <input type="checkbox"/> Oppositional, resists, refuses, does not comply |
| <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Pouts |
| <input type="checkbox"/> Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules | <input type="checkbox"/> Recent move, new school, loss of friends |
| <input type="checkbox"/> Distractible, inattentive, poor concentration, daydreams, slow to respond | <input type="checkbox"/> Relationships with brothers/sisters or friends/peers are poor |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Drug or alcohol use | <input type="checkbox"/> Rocking or other repetitive movements |
| <input type="checkbox"/> Eating-poor manners, refuses, appetite increase or decrease, overeats | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Exercise problems | <input type="checkbox"/> Sad, unhappy |
| <input type="checkbox"/> Extracurricular activities interfere with academics | <input type="checkbox"/> Self-harming behavior: biting, hitting, or cutting self or head-banging |
| <input type="checkbox"/> Failure in school | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Sexual: preoccupation with sex, public masturbation, or inappropriate sexual behaviors |
| <input type="checkbox"/> Fighting, hitting, violent, aggressive, hostile, threatens, destructive | <input type="checkbox"/> Shy, timid |
| <input type="checkbox"/> Fire setting | <input type="checkbox"/> Suicide talk or attempt |
| <input type="checkbox"/> Friendly, outgoing, social | <input type="checkbox"/> Swearing, blasphemes, bathroom language, foul language |
| <input type="checkbox"/> Hypochondriac, always complains of feeling sick | <input type="checkbox"/> Temper tantrums, rages |
| <input type="checkbox"/> Immature, "clowns around," has only younger playmates | <input type="checkbox"/> Thumb sucking, finger sucking, hair chewing |
| <input type="checkbox"/> Imaginary playmates, fantasy | <input type="checkbox"/> Tics: involuntary rapid movements, noises, or word productions |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Truant, school avoiding |
| <input type="checkbox"/> Interrupts, talks out, yells | <input type="checkbox"/> Underactive, slow-moving or slow-responding, lethargic |
| <input type="checkbox"/> Lacks organization, unprepared | <input type="checkbox"/> Victimized: bullied by peers or adults, including history of physical, sexual, or emotional abuse |
| <input type="checkbox"/> Lacks respect for authority, insults, dares, provokes, manipulates | <input type="checkbox"/> Wetting or soiling the bed or clothes |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Work problems: overworking or can't keep a job |
| <input type="checkbox"/> Legal difficulties | |
| <input type="checkbox"/> Likes to be alone, withdraws, isolates | |

Any other characteristics:

Please look back over the concerns you have checked off and choose the one or two that you most want your child to be helped with and write it below:
