

CHILD BEHAVIOUR CHECK-LIST

Check the behaviours listed below that apply to your child within the past 6 months.

- Makes no sounds.
- Makes sounds but says no words.
- Says a few words (specify: _____).
- Speaks well but was slow in developing speech.
- Repeats words over and over.
- Was speaking but is no longer.
- Is clumsy and awkward.
- Is often drowsy.
- Engages in self-destructive behaviours:
 - Hair pulling Self-biting Self-pinching
 - Head banging Other: _____.
- Has tantrums frequently.
- Is hyperactive.
- Seldom makes eye contact.
- Demands too much attention.
- Is often sluggish or slow moving.
- Often has physical complaints (i.e. headaches, stomach-aches, etc.).
- Usually plays alone.
- Disobedience, difficulty with disciplinary control.
- Asks for help when it is not needed.
- Gives up easily.
- Does not interact appropriately with:
 - Parents Siblings Peers Others
- Physically abuses:
 - Parents Siblings Peers Pets

- Destroys property:
 Toys Furniture Other's belongings
- Cries, whines, or pouts frequently.
- Unreasonable noise, yelling.
- Does not play with toys.
- Rarely obeys requests, commands, etc.
- Talks back to parents or other authority figures.
- Reacts poorly when losing a game.
- Unreasonable fears (heights, animals, the darks, etc.) Please specify: _____

- Does not recognize danger.
- Runs away frequently.
- Will not play alone.
- Problems at mealtime (disruptive, selective about foods).
- Has a sleeping problem. Please describe: _____

- Cannot feed self.
- Cannot dress self.
- Is not toilet trained.
- Is toilet trained but: wets pants soils pants wets bed.
- Frequent lying.
- Sets fires.
- Steals.
- Seems to have a hearing problem.
- Seems to have a vision problem.
- Other physical disability: (specify: _____).

___ Negative comments to:
___ Parents ___ Siblings ___ Peers ___ Others

___ Teasing of:
___ Parents ___ Siblings ___ Peers ___ Others

___ Complaining.

___ Wanders off.

___ Sadness or low mood.

___ Irritability.

___ Complaints from neighbours.

___ Police contact.

___ School contact.

Please describe other problems: _____

_____.

What behaviour(s) distresses you the most? _____

_____.

What do you think are your child's greatest strength's? _____

_____.

Please describe the changes you hope to see in your child as a result of our work: _____

_____.

Completed by: _____ Date: _____