

Child Checklist of Characteristics

Name of Child: _____ Date: _____

Name and Relationship of person completing this form _____

Please review this checklist, which contains concerns (as well as positive traits) that apply mostly to children, and mark any items that describe your child. Feel free to add any others at the end under "Any other characteristics."

- | | |
|--|---|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Argues, "talks back," smart-alecky, defiant | <input type="checkbox"/> Mute, refuses to speak |
| <input type="checkbox"/> Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes | <input type="checkbox"/> Nail biting |
| <input type="checkbox"/> Cheats | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Cruel to animals. | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Concern for others | <input type="checkbox"/> Need for high degree of supervision at home over play/chores/schedule |
| <input type="checkbox"/> Conflicts with parents over persistent rule breaking, money, chores, homework, grades | <input type="checkbox"/> Obedient |
| <input type="checkbox"/> Complains | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cries easily, feelings are easily hurt | <input type="checkbox"/> Overactive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness, fidgety, noisiness |
| <input type="checkbox"/> Dawdles, procrastinates, wastes time | <input type="checkbox"/> Oppositional, resists, refuses, does not comply, negativism |
| <input type="checkbox"/> Difficulties with parent's new relationship | <input type="checkbox"/> Prejudiced, bigoted, insulting, name calling, intolerant |
| <input type="checkbox"/> Dependent, immature | <input type="checkbox"/> Pouts |
| <input type="checkbox"/> Disrupts family activities | <input type="checkbox"/> Recent move, new school, loss of friends |
| <input type="checkbox"/> Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules | <input type="checkbox"/> Relationships with brothers/sisters or friends/peers are poor-competition, fights, teasing/provoking, assaults |
| <input type="checkbox"/> Distractible, inattentive, poor concentration, daydreams, slow to respond | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Drug or alcohol use | <input type="checkbox"/> Rocking or other repetitive movements |
| <input type="checkbox"/> Eating-refuses, appetite increase or decrease, odd combinations, 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 behaviors-biting or hitting self, head banging, scratching self, cutting, burning |
| <input type="checkbox"/> Failure in school/Dropping out of school | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Sexual-sexual preoccupation, public masturbation, 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"/> Stubborn |
| <input type="checkbox"/> Friendly, outgoing, social | <input type="checkbox"/> Suicide talk or attempt |
| <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"/> Teased, picked on, victimized, bullied |
| <input type="checkbox"/> Interrupts, talks out, yells | <input type="checkbox"/> Truant, school avoiding |
| <input type="checkbox"/> Lacks organization, unprepared | <input type="checkbox"/> Underactive, slow-moving or slow-responding, lethargic |
| <input type="checkbox"/> Lacks respect for authority, insults, dares, provokes, manipulates | <input type="checkbox"/> Uncoordinated, accident-prone |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Wetting or soiling the bed or clothes |
| <input type="checkbox"/> Legal difficulties-truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales | <input type="checkbox"/> Work problems, employment, workaholism/overworking, can't keep a job |
| <input type="checkbox"/> Likes to be alone, withdraws, isolates | |
| <input type="checkbox"/> Lying | |
| <input type="checkbox"/> Low frustration tolerance, irritability | |

Please list any other concerns you may have:

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