

Please check any of the following items that relate to your child's current behavior(s):

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| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Difficulty understanding jokes |
| <input type="checkbox"/> Always in motion | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Argues, "talks back", smart-alecky, defiant | <input type="checkbox"/> Developmental delays |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Disrupts family activities |
| <input type="checkbox"/> Blank spells or Fainting Spells | <input type="checkbox"/> Distractible, inattentive, poor concentration, daydreams, slow to respond |
| <input type="checkbox"/> Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes | <input type="checkbox"/> Dropping out of school |
| <input type="checkbox"/> Cheats | <input type="checkbox"/> Drugs or alcohol use |
| <input type="checkbox"/> Cruel to animals | <input type="checkbox"/> Eating poor manners, refuses, appetite increase or decrease, odd combinations, overeats |
| <input type="checkbox"/> Concern for others | <input type="checkbox"/> Eats paper, paints, etc. |
| <input type="checkbox"/> Conflicts with parents over persistent rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends | <input type="checkbox"/> Exercise problems |
| <input type="checkbox"/> Complains | <input type="checkbox"/> Extracurricular activities interfere with academics |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Excessively fidgety |
| <input type="checkbox"/> Cries easily, feelings are easily hurt | <input type="checkbox"/> Failure in school |
| <input type="checkbox"/> Dawdles, procrastinates, wastes time | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Difficulties with parent's dating/new marriage/new family dependent, immature | <input type="checkbox"/> Fears making mistakes |
| <input type="checkbox"/> Difficulty paying attention | <input type="checkbox"/> Fighting, hitting, violent, aggressive, hostile, threatens, destructive |
| <input type="checkbox"/> Difficulty staying at one task for a long time | <input type="checkbox"/> Fire setting |
| <input type="checkbox"/> Difficulty with transitions | <input type="checkbox"/> Friends, outgoing, social |
| <input type="checkbox"/> Difficulty with finishing a task | <input type="checkbox"/> Gets lost easily |
| <input type="checkbox"/> Difficulty listening | <input type="checkbox"/> Gets easily frustrated |

- Gets distracted while watching TV
- Has poor self-esteem
- Hypochondriac, always complains of feeling sick
- Immature, "clowns around", has only younger playmates
- Imaginary playmates, fantasy play
- Independent
- Interrupts, talks out, yells
- Lacks organizational, unprepared
- Lacks respect for authority, insults, dares, provokes, manipulates
- Learning disability
- Legal difficulties – truancy, loitering, panhandling, drinking, vandalism, stealing, fight, drugs sales
- Likes to be alone, withdraws, isolates
- Lying
- Low frustration tolerance, irritability
- Mental retardation
- Moody
- Moods change quickly
- Mute, refuse to speak
- Noise or Touch Sensitivity
- Nail biting
- Nervous
- Nightmares
- Need for high degree of supervision at home over play/chores/schedule
- Obedient
- Obesity
- Overactive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- Oppositional, resists, does not comply, negativism
- Perfectionist
- Plays alone for a reasonable length of time
- Poor eye contact
- Poor awareness of time
- Prejudiced, bigoted, insulting, name calling, intolerant
- Pouts
- Recent move, new school, loss of friends
- Relationships with brothers/sisters or friends/peers are poor competition, fight, teasing/provoking assaults
- Responsible
- Rocking or other repetitive movements
- Runs away
- Sad, unhappy
- Self-harming behaviors, biting or hitting self, head banging, scratching, cutting self

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|--|--|
| <input type="checkbox"/> Shows poor judgement in dangerous or questionable situations | <input type="checkbox"/> Tics, involuntary rapid movements, noises, or word productions |
| <input type="checkbox"/> Speech difficulties | <input type="checkbox"/> Teased, picked on, victimized, bullied |
| <input type="checkbox"/> Sexual preoccupation, public masturbation, inappropriate sexual behaviors | <input type="checkbox"/> Truant, school avoiding |
| <input type="checkbox"/> Shy, timid | <input type="checkbox"/> Underactive, slow moving or slow responding lethargic |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Uncoordinated, accident prone |
| <input type="checkbox"/> Suicide talk or attempt | <input type="checkbox"/> Wetting or soiling the bed or clothes |
| <input type="checkbox"/> Swearing, blasphemes, bathroom language, foul language | <input type="checkbox"/> Work problems, unemployment, workaholic/overworking, can't keep a job |
| <input type="checkbox"/> Temper tantrums, rages | <input type="checkbox"/> Well behaved |
| <input type="checkbox"/> Thumb sucking, finger sucking, hair chewing | <input type="checkbox"/> Willing to try new activities |

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 the most – which is it?

Name of person filling in form: _____ Date: _____

Relationship to Patient: _____

Therapist Signature: _____ Date: _____