

**Behavior Checklist Ages 2-5**

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Homeschooled: yes / no

Grade in School: \_\_\_\_\_

Your Relation to Child:

Biological Parent

Step Parent

Grandparent

Adoptive Parent

Foster Parent

Other

Date of Guardianship: \_\_\_\_\_

Is your child hitting the developmental milestones as expected, delayed, or advanced?

Expected

Delayed

Advanced

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**Are there any stressful events occurring in the family that may be affecting your child?**

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**What concerns you most about your child?**

**What methods do you use for discipline?**

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**How do you let your child know you are happy with his/her behavior?**

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**What are the best qualities in your child?**