

Behavior Checklist Ages 6-18

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____ Child's Gender: _____

Homeschooled: yes / no _____ Grade in School: _____

Your Relation to Child:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Biological Parent | <input type="checkbox"/> Step Parent | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Adoptive Parent | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other |

Date of Guardianship: _____

Please list any siblings and their ages: _____

Please answer all questions listed below as best as you can for your child:

1. How many close friends does your child have (*not* including brothers & sisters):

- None 1 - 2 3 or more

2. Compared to others of his/her age, how well does your child (please circle):

- | | | | |
|---|-------|---------|--------|
| a. Get along with his/her brothers & sisters (if he/she has any): | | | |
| | Worse | Average | Better |
| b. Get along with other kids? | | | |
| | Worse | Average | Better |
| c. Behave with his/her parents? | | | |
| | Worse | Average | Better |
| d. Play and work alone | | | |
| | Worse | Average | Better |

3. Does your child receive special education or remedial services?

- No Yes (please specify):

4. Has your child repeated any grades?

- No Yes (please specify):

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

Expected

Delayed

Advance

Are there any stressful events occurring in the family that may be affecting your child? (please explain):

What methods do you use for discipline?

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

What concerns you most about your child?

What are the best qualities in your child?