

Checklist of Concerns/Characteristics

Person completing this form: _____

Parents: Please mark all of the items that describe or apply to your child.

Child: Please mark the concerns/positive traits you feel describe or apply to you.

Feel free to add additional concerns at the bottom.

- Argues, talks back, smart-aleck, complains, interrupts, talks out, yells, swearing
- Bullies/intimidates, teases, is bossy to others, picks on, provokes, inflicts pain on others
- Conflicts with parents
- Cries easily, feelings are easily hurt
- Dawdles, procrastinates, wastes time, lacks organization, unprepared
- Difficulties adjusting to divorce, issues with one parent, disagrees with custody/visitation
- Dependent, immature
- Developmental delays: _____
- Disability: _____
- Disobedient, uncooperative, refuses, defiant, doesn't follow rules, lacks respect for authority
- Distracted, inattentive, poor concentration, daydreams, slow to respond
- Dropping out of school
- Drug, tobacco or alcohol use
- Eating: appetite increase or decrease, poor manners, refuses, odd combinations, overeats
- Extracurricular activities interfere with academics
- Fighting, hitting, violent, aggressive, hostile, threatens, temper tantrums, rage, destructive
- Friendly, outgoing, social
- Gets in trouble at school: _____
- Grief, loss, death of family member/peers
- Independent
- Overactive, restless, hyperactive, restlessness, fidgety
- Recent move, new school
- Relationships with siblings or friends/peers
- Responsible, reliable, conscientious
- Runs away
- Sad, unhappy, likes to be alone, withdraws, isolates
- Self-harming behaviors: cutting, scratching, punching self/objects
- Sleep: too much, too little, nightmares, wetting or soiling the bed/clothes
- Sexual: sexual preoccupation, masturbation, inappropriate sexual behaviors
- Shy, timid
- Suicidal thoughts or actions
- Thumb sucking, finger sucking, hair chewing
- Teased, picked on, bullied
- Truant, avoiding school
- Under active, slow-moving or slow-responding, lethargic
- Other characteristics: _____

Please look over the concerns you have checked and choose the one(s) that you or your child want to be helped with the most: _____