



## Project Fighting Chance Caregiver Observation Form

**Childs Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Following is a list of behaviors and characteristics. All children show some of these at some time during their lives. Put an X in the space that best describes your child during the past six months.

**KEY**

Definitely applies = much more frequent and/or extreme than in others of similar age

Applies somewhat = sometimes more extreme than in others of similar age

Does not apply = usually appropriate or better than average for his/her age

OBSERVATION	DEFINITELY APPLIES	SOMEWHAT APPLIES	DOES NOT APPLY
Can be extremely moody when challenge to do something new			
Difficulty with sequential directions – needs directions given one at a time.			
Often fails to turn in completed homework assignments			
Exhibited behavior indicative of self-esteem problems related to academic difficulties			
Is often “down” on himself/herself			
Has complained about being bullied			
Struggles to engage in group activities			
Avoids physical activity			

What is something important about your child you think we should know to ensure his or her success in our program?

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Does your child have a talent, special gift or ability that needs nurturing?

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