Child Checklist of Characteristics

Name:	Date:
Age: Person completing this form:	
mark all of the items that apply to your child on the "Ad	u have brought a child for evaluation or treatment, first please ult Checklist of Concerns." Then review this checklist, which ostly to children, and mark any items that describe your child er characteristics."
☐ Affectionate	
☐ Argues, "talks back," smart-alecky, defiant	
☐ Bullies/intimidates, teases, inflicts pain on others,	is bossy to others, picks on, provokes
☐ Cheats	,
☐ Cruel to animals	
☐ Concern for others	
 Conflicts with parents over persistent rule break music/clothes/hair/friends 	king, money, chores, homework, grades, choices in
☐ Complains	
 Cries easily, feelings are easily hurt 	
 Dawdles, procrastinates, wastes time 	
☐ Difficulties with parent's paramour/new marriage	e/new family
Dependent, immature	
 Developmental delays 	
 Disrupts family activities 	
 Disobedient, uncooperative, refuses, noncompliant 	nt, doesn't follow rules
☐ Distractible, inattentive, poor concentration, day	dreams, slow to respond
☐ Dropping out of school	
☐ Drug or alcohol use	
Eating—poor manners, refuses, appetite increase	or decrease, odd combinations, overeats
☐ Exercise problems	
Extracurricular activities interfere with academic	S
☐ Failure in school	
☐ Fearful	
☐ Fighting, hitting, violent, aggressive, hostile, threat	ens, destructive
☐ Fire setting	
☐ Friendly, outgoing, social	
☐ Hypochondriac, always complains of feeling sick	
☐ Immature, "clowns around," has only younger pl	aymates
☐ Imaginary playmates, fantasy	
☐ Independent	
☐ Interrupts, talks out, yells	
Lacks organization, unprepared	

(cont.)

	respect for authority, insults, dares, provokes, manipulates
	ng disability
_	difficulties—truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales
☐ Likes t	o be alone, withdraws, isolates
Lying	
	rustration tolerance, irritability
Menta	retardation
Moody	
Mute,	refuses to speak
☐ Nail bi	ting
☐ Nervo	us
Nightn	nares
☐ Need	for high degree of supervision at home over play/chores/schedule
☐ Obedi	ent
Obesit	у
Overa	ctive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness, fidgety, noisiness
☐ Oppos	itional, resists, refuses, does not comply, negativism
☐ Prejud	iced, bigoted, insulting, name calling, intolerant
☐ Pouts	
☐ Recent	t move, new school, loss of friends
☐ Relatio	onships with brothers/sisters or friends/peers are poor—competition, fights, teasing/provoking, assaults
☐ Respo	
•	g or other repetitive movements
☐ Runs a	
☐ Sad, ur	•
	rming behaviors—biting or hitting self, head banging, scratching self
	n difficulties
•	—sexual preoccupation, public masturbation, inappropriate sexual behaviors
☐ Shy, tir	
☐ Stubbo	
	e talk or attempt
	ng, blasphemes, bathroom language, foul language
	r tantrums, rages
•	o sucking, finger sucking, hair chewing
	involuntary rapid movements, noises, or word productions
	, picked on, victimized, bullied
	, school avoiding
	active, slow-moving or slow-responding, lethargic
	rdinated, accident-prone
	ng or soiling the bed or clothes
☐ VVork	problems, employment, workaholism/overworking, can't keep a job
Any other cha	racteristics:
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	ick over the concerns you have checked off and choose the one that you most want your child to
be helped with	n. Which is it?
This is a strictly	confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.