

Clinical Checklist (Child)

Child's Name: _____

Date: _____

Person completing this form: _____

Relationship to child: _____

If you have brought a child for evaluation or treatment, please check all of the items that apply to your child. Feel free to add any other items that are not listed on the back of this page.

<input type="checkbox"/> 01. Significant problem w/ cognitive functioning	<input type="checkbox"/> 36. Problem reading/processing visual information
<input type="checkbox"/> 02. Significant developmental delays	<input type="checkbox"/> 37. Problem listening/processing verbal information
<input type="checkbox"/> 03. Significant problem with "life-skills"/adaptive functioning	<input type="checkbox"/> 38. Significant problem w/ academics/specific subjects
<input type="checkbox"/> 04. Significant problem w/ judgment/choices	<input type="checkbox"/> 39. Significant behavioral problems at school
<input type="checkbox"/> 05. Significant medical or physical impairment	<input type="checkbox"/> 40. Motor/vocal tics
<input type="checkbox"/> 06. History of head injury or seizures	<input type="checkbox"/> 41. Enuresis (peeing on self), encopresis (pooping on self)
<input type="checkbox"/> 07. Needs constant supervision at home/school	<input type="checkbox"/> 42. Nightmares, disrupted sleep
<input type="checkbox"/> 08. Poor social/interpersonal skills	<input type="checkbox"/> 43. Excessive fears
<input type="checkbox"/> 09. Fixated, restricted, obsessive behavior	<input type="checkbox"/> 44. Stuttering
<input type="checkbox"/> 10. Stereotyped" (rocking, hand flapping, head banging)	<input type="checkbox"/> 45. Unusual eating habits
<input type="checkbox"/> 11. Sensory under/over-stimulation	<input type="checkbox"/> 46. Persistent relationship problem w/ parent
<input type="checkbox"/> 12. Poor fine/gross motor coordination	<input type="checkbox"/> 47. Persistent relationship problem w/ sibling
<input type="checkbox"/> 13. Rage/tantrum when routine is disrupted	<input type="checkbox"/> 48. Difficulty separating from parent/home
<input type="checkbox"/> 14. Has little regard for safety of self	<input type="checkbox"/> 49. Difficulty attaching to parent or being comforted
<input type="checkbox"/> 15. Consistently violates rules of home or school	<input type="checkbox"/> 50. History of abuse (physical, emotional, sexual)
<input type="checkbox"/> 16. Blames others or refuses to accept responsibility	<input type="checkbox"/> 51. History of neglect (physical, emotional)
<input type="checkbox"/> 17. Rage/tantrums when angry/frustrated	<input type="checkbox"/> 52. History of "Out of Home" placement
<input type="checkbox"/> 18. Constantly steals or lies	<input type="checkbox"/> 53. Cutting or Self-harming behaviors
<input type="checkbox"/> 19. Little regard for authority figures	<input type="checkbox"/> 54. Thoughts/history of hurting self
<input type="checkbox"/> 20. Easily annoyed w/ low frustration tolerance	<input type="checkbox"/> 55. History of being teased/victimized/bullied
<input type="checkbox"/> 21. Oppositional/defiant w/ parents	<input type="checkbox"/> 56. Persistent guilt or shame
<input type="checkbox"/> 22. Verbal/physical aggressiveness against others	<input type="checkbox"/> 57. History of hearing/seeing things that are not real
<input type="checkbox"/> 23. Threatened/has used a weapon on another person	<input type="checkbox"/> 58. Significantly changed behavior or personality
<input type="checkbox"/> 24. Has little regard for safety of others	<input type="checkbox"/> 59. Severe mood swings without any reason
<input type="checkbox"/> 25. Shows little/no remorse for actions	<input type="checkbox"/> 60. Severe or persistent depression
<input type="checkbox"/> 26. History of sexually promiscuity	<input type="checkbox"/> 61. Severe or persistent anxiety
<input type="checkbox"/> 27. Runs away from home/leave without notice	<input type="checkbox"/> 62. Severe or persistent manic behavior
<input type="checkbox"/> 28. Suspended/expelled from school	<input type="checkbox"/> 63. Severe or persistent depression
<input type="checkbox"/> 29. Concentration/focusing difficulty	<input type="checkbox"/> 64. Current or history of drug abuse
<input type="checkbox"/> 30. Easily distracted, inattentive, forgetful	<input type="checkbox"/> 65. Current or history of alcohol abuse
<input type="checkbox"/> 31. Fails to complete/submit assignments	<input type="checkbox"/> 66. Current or history of legal problems
<input type="checkbox"/> 32. Lacks organization or constantly losing things	<input type="checkbox"/> 67. Current or history of homelessness
<input type="checkbox"/> 33. Constantly moving, restless, touching things	<input type="checkbox"/> 68. Current or history of family/parental drama
<input type="checkbox"/> 34. Immature or "clown around," too much	<input type="checkbox"/> 69. Significant change in child/family during past year
<input type="checkbox"/> 35. Constantly interrupts others	<input type="checkbox"/> 70. Significant change in child/family during past 2-3 years