



TEACHER'S REPORT FORM FOR AGES 6-18

For office use only
ID #

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free to print additional comments beside each item and in the spaces provided on page 2. **Please print, and answer all items.**

| | | | | | |
|--|----------------------------|--|---|---|-----------------------------|
| PUPIL'S FULL NAME First Middle Last | | | PARENTS' USUAL TYPE OF WORK, even if not working now (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.) | | |
| PUPIL'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl | | PUPIL'S AGE | PUPIL'S ETHNIC GROUP OR RACE | | FATHER'S TYPE OF WORK _____ |
| TODAY'S DATE Mo. _____ Date _____ Yr. _____ | | PUPIL'S BIRTHDATE (if known) Mo. _____ Date _____ Yr. _____ | | | MOTHER'S TYPE OF WORK _____ |
| GRADE IN SCHOOL | NAME AND ADDRESS OF SCHOOL | | | THIS FORM FILLED OUT BY: (print your full name) | |
| | | | | Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | Your role at the school: | |
| | | | | <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Counselor | |
| | | | | <input type="checkbox"/> Special Educator <input type="checkbox"/> Administrator | |
| | | | | <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Other (specify): | |

I. For how many months have you known this pupil? _____ months

II. How well do you know him/her? 1. Not Well 2. Moderately Well 3. Very Well

III. How much time does he/she spend in your class or service per week?

IV. What kind of class or service is it? (Please be specific, e.g., regular 5th grade, 7th grade math, learning disability, counseling, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?
 Don't Know 0. No 1. Yes — what kind and when?

VI. Has he/she repeated any grades? Don't Know 0. No 1. Yes — grades and reasons:

VII. Current academic performance — list academic subjects and check box that indicates pupil's performance for each subject:

| Academic subject | 1. Far below grade | 2. Somewhat below grade | 3. At grade level | 4. Somewhat above grade | 5. Far above grade |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Be sure you answered all items. Then see other side.



Please print. Be sure to answer all items.

| VIII. Compared to typical pupils of the same age: | 1. Much less | 2. Somewhat less | 3. Slightly less | 4. About average | 5. Slightly more | 6. Somewhat more | 7. Much more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How hard is he/she working? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How appropriately is he/she behaving? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How much is he/she learning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How happy is he/she? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IX. Most recent achievement test scores (optional):

| Name of test | Subject | Date | Percentile or grade level obtained |
|--------------|---------|------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

X. IQ, readiness, or aptitude tests (optional):

| Name of test | Date | IQ or equivalent scores |
|--------------|------|-------------------------|
| | | |
| | | |
| | | |

Does this pupil have any illness or disability (either physical or mental)? No Yes— please describe:

What concerns you most about this pupil?

Please describe the best things about this pupil:

Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary.

Below is a list of items that describe pupils. For each item that describes the pupil **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the pupil. Circle the **1** if the item is **somewhat or sometimes true** of the pupil. If the item is **not true** of the pupil, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

| | | | |
|-------|--|-------|---|
| 0 1 2 | 1. Acts too young for his/her age | 0 1 2 | 34. Feels others are out to get him/her |
| 0 1 2 | 2. Hums or makes other odd noises in class | 0 1 2 | 35. Feels worthless or inferior |
| 0 1 2 | 3. Argues a lot | 0 1 2 | 36. Gets hurt a lot, accident-prone |
| 0 1 2 | 4. Fails to finish things he/she starts | 0 1 2 | 37. Gets in many fights |
| 0 1 2 | 5. There is very little that he/she enjoys | 0 1 2 | 38. Gets teased a lot |
| 0 1 2 | 6. Defiant, talks back to staff | 0 1 2 | 39. Hangs around with others who get in trouble |
| 0 1 2 | 7. Bragging, boasting | 0 1 2 | 40. Hears sounds or voices that aren't there (describe): _____ |
| 0 1 2 | 8. Can't concentrate, can't pay attention for long | 0 1 2 | 41. Impulsive or acts without thinking |
| 0 1 2 | 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____ | 0 1 2 | 42. Would rather be alone than with others |
| 0 1 2 | 10. Can't sit still, restless, or hyperactive | 0 1 2 | 43. Lying or cheating |
| 0 1 2 | 11. Clings to adults or too dependent | 0 1 2 | 44. Bites fingernails |
| 0 1 2 | 12. Complains of loneliness | 0 1 2 | 45. Nervous, high-strung, or tense |
| 0 1 2 | 13. Confused or seems to be in a fog | 0 1 2 | 46. Nervous movements or twitching (describe): _____ |
| 0 1 2 | 14. Cries a lot | 0 1 2 | 47. Overconforms to rules |
| 0 1 2 | 15. Fidgets | 0 1 2 | 48. Not liked by other pupils |
| 0 1 2 | 16. Cruelty, bullying, or meanness to others | 0 1 2 | 49. Has difficulty learning |
| 0 1 2 | 17. Daydreams or gets lost in his/her thoughts | 0 1 2 | 50. Too fearful or anxious |
| 0 1 2 | 18. Deliberately harms self or attempts suicide | 0 1 2 | 51. Feels dizzy or lightheaded |
| 0 1 2 | 19. Demands a lot of attention | 0 1 2 | 52. Feels too guilty |
| 0 1 2 | 20. Destroys his/her own things | 0 1 2 | 53. Talks out of turn |
| 0 1 2 | 21. Destroys property belonging to others | 0 1 2 | 54. Overtired without good reason |
| 0 1 2 | 22. Difficulty following directions | 0 1 2 | 55. Overweight |
| 0 1 2 | 23. Disobedient at school | 0 1 2 | 56. Physical problems without known medical cause: |
| 0 1 2 | 24. Disturbs other pupils | 0 1 2 | a. Aches or pains (not stomach or headaches) |
| 0 1 2 | 25. Doesn't get along with other pupils | 0 1 2 | b. Headaches |
| 0 1 2 | 26. Doesn't seem to feel guilty after misbehaving | 0 1 2 | c. Nausea, feels sick |
| 0 1 2 | 27. Easily jealous | 0 1 2 | d. Eye problems (not if corrected by glasses) (describe): _____ |
| 0 1 2 | 28. Breaks school rules | 0 1 2 | e. Rashes or other skin problems |
| 0 1 2 | 29. Fears certain animals, situations, or places other than school (describe): _____ | 0 1 2 | f. Stomachaches |
| 0 1 2 | 30. Fears going to school | 0 1 2 | g. Vomiting, throwing up |
| 0 1 2 | 31. Fears he/she might think or do something bad | 0 1 2 | h. Other (describe): _____ |
| 0 1 2 | 32. Feels he/she has to be perfect | | |
| 0 1 2 | 33. Feels or complains that no one loves him/her | | |

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | | | | | |
|---|---|---|---|---|---|---|--|
| 0 | 1 | 2 | 57. Physically attacks people | 0 | 1 | 2 | 84. Strange behavior (describe): _____ |
| 0 | 1 | 2 | 58. Picks nose, skin, or other parts of body (describe): _____ | 0 | 1 | 2 | 85. Strange ideas (describe): _____ |
| 0 | 1 | 2 | 59. Sleeps in class | 0 | 1 | 2 | 86. Stubborn, sullen, or irritable |
| 0 | 1 | 2 | 60. Apathetic or unmotivated | 0 | 1 | 2 | 87. Sudden changes in mood or feelings |
| 0 | 1 | 2 | 61. Poor school work | 0 | 1 | 2 | 88. Sulks a lot |
| 0 | 1 | 2 | 62. Poorly coordinated or clumsy | 0 | 1 | 2 | 89. Suspicious |
| 0 | 1 | 2 | 63. Prefers being with older children or youths | 0 | 1 | 2 | 90. Swearing or obscene language |
| 0 | 1 | 2 | 64. Prefers being with younger children | 0 | 1 | 2 | 91. Talks about killing self |
| 0 | 1 | 2 | 65. Refuses to talk | 0 | 1 | 2 | 92. Underachieving, not working up to potential |
| 0 | 1 | 2 | 66. Repeats certain acts over and over; compulsions (describe): _____ | 0 | 1 | 2 | 93. Talks too much |
| 0 | 1 | 2 | 67. Disrupts class discipline | 0 | 1 | 2 | 94. Teases a lot |
| 0 | 1 | 2 | 68. Screams a lot | 0 | 1 | 2 | 95. Temper tantrums or hot temper |
| 0 | 1 | 2 | 69. Secretive, keeps things to self | 0 | 1 | 2 | 96. Seems preoccupied with sex |
| 0 | 1 | 2 | 70. Sees things that aren't there (describe): _____ | 0 | 1 | 2 | 97. Threatens people |
| 0 | 1 | 2 | 71. Self-conscious or easily embarrassed | 0 | 1 | 2 | 98. Tardy to school or class |
| 0 | 1 | 2 | 72. Messy work | 0 | 1 | 2 | 99. Smokes, chews, or sniffs tobacco |
| 0 | 1 | 2 | 73. Behaves irresponsibly (describe): _____ | 0 | 1 | 2 | 100. Fails to carry out assigned tasks |
| 0 | 1 | 2 | 74. Showing off or clowning | 0 | 1 | 2 | 101. Truancy or unexplained absence |
| 0 | 1 | 2 | 75. Too shy or timid | 0 | 1 | 2 | 102. Underactive, slow moving, or lacks energy |
| 0 | 1 | 2 | 76. Explosive and unpredictable behavior | 0 | 1 | 2 | 103. Unhappy, sad, or depressed |
| 0 | 1 | 2 | 77. Demands must be met immediately, easily frustrated | 0 | 1 | 2 | 104. Unusually loud |
| 0 | 1 | 2 | 78. Inattentive or easily distracted | 0 | 1 | 2 | 105. Uses alcohol or drugs for nonmedical purposes (<i>don't</i> include tobacco) (describe): _____ |
| 0 | 1 | 2 | 79. Speech problem (describe): _____ | 0 | 1 | 2 | 106. Overly anxious to please |
| 0 | 1 | 2 | 80. Stares blankly | 0 | 1 | 2 | 107. Dislikes school |
| 0 | 1 | 2 | 81. Feels hurt when criticized | 0 | 1 | 2 | 108. Is afraid of making mistakes |
| 0 | 1 | 2 | 82. Steals | 0 | 1 | 2 | 109. Whining |
| 0 | 1 | 2 | 83. Stores up too many things he/she doesn't need (describe): _____ | 0 | 1 | 2 | 110. Unclean personal appearance |
| | | | | 0 | 1 | 2 | 111. Withdrawn, doesn't get involved with others |
| | | | | 0 | 1 | 2 | 112. Worries |
| | | | | 0 | 1 | 2 | 113. Please write in any problems the pupil has that were not listed above. |
| | | | | 0 | 1 | 2 | _____ |
| | | | | 0 | 1 | 2 | _____ |
| | | | | 0 | 1 | 2 | _____ |



Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID #

CHILD'S FULL NAME: First _____ Middle _____ Last _____

CHILD'S GENDER: Boy Girl

CHILD'S AGE: _____ CHILD'S ETHNIC GROUP OR RACE: _____

TODAY'S DATE: Mo. _____ Date _____ Yr. _____ CHILD'S BIRTHDATE: Mo. _____ Date _____ Yr. _____

GRADE IN SCHOOL: _____

NOT ATTENDING SCHOOL:

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK: _____

MOTHER'S TYPE OF WORK: _____

THIS FORM FILLED OUT BY: (print your full name) _____

Your gender: Male Female

Your relation to the child:

Biological Parent Step Parent Grandparent

Adoptive Parent Foster Parent Other (specify) _____

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

| | Compared to others of the same age, about how much time does he/she spend in each? | | | | Compared to others of the same age, how well does he/she do each one? | | | |
|----------|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| | Less Than Average | Average | More Than Average | Don't Know | Below Average | Average | Above Average | Don't Know |
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio or TV.)

None

| | Compared to others of the same age, about how much time does he/she spend in each? | | | | Compared to others of the same age, how well does he/she do each one? | | | |
|----------|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| | Less Than Average | Average | More Than Average | Don't Know | Below Average | Average | Above Average | Don't Know |
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

III. Please list any organizations, clubs, teams, or groups your child belongs to.

None

| | Compared to others of the same age, how active is he/she in each? | | | |
|----------|---|--------------------------|--------------------------|--------------------------|
| | Less Active | Average | More Active | Don't Know |
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

| | Compared to others of the same age, how well does he/she carry them out? | | | |
|----------|--|--------------------------|--------------------------|--------------------------|
| | Below Average | Average | Above Average | Don't Know |
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Be sure you answered all items. Then see other side.



V. 1. About how many close friends does your child have? (Do not include brothers & sisters)

- None 1 2 or 3 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?

(Do not include brothers & sisters)

- Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

- | | Worse | Average | Better | |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Behave with his/her parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Play and work alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. Performance in academic subjects.

Does not attend school because _____

Check a box for each subject that child takes

Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., or other nonacademic subjects.

- | | Failing | Below Average | Average | Above Average |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading, English, or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Does your child receive special education or remedial services or attend a special class or special school?

- No Yes—kind of services, class, or school:

3. Has your child repeated any grades? No Yes—grades and reasons:

4. Has your child had any academic or other problems in school? No Yes—please describe:

When did these problems start? _____

Have these problems ended? No Yes—when?

Does your child have any illness or disability (either physical or mental)? No Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

| 0 = Not True (as far as you know) | | | 1 = Somewhat or Sometimes True | | | 2 = Very True or Often True | | |
|-----------------------------------|---|---|--|---|---|-----------------------------|--|--|
| 0 | 1 | 2 | 1. Acts too young for his/her age | 0 | 1 | 2 | 32. Feels he/she has to be perfect | |
| 0 | 1 | 2 | 2. Drinks alcohol without parents' approval (describe): _____ | 0 | 1 | 2 | 33. Feels or complains that no one loves him/her | |
| 0 | 1 | 2 | 3. Argues a lot | 0 | 1 | 2 | 34. Feels others are out to get him/her | |
| 0 | 1 | 2 | 4. Fails to finish things he/she starts | 0 | 1 | 2 | 35. Feels worthless or inferior | |
| 0 | 1 | 2 | 5. There is very little he/she enjoys | 0 | 1 | 2 | 36. Gets hurt a lot, accident-prone | |
| 0 | 1 | 2 | 6. Bowel movements outside toilet | 0 | 1 | 2 | 37. Gets in many fights | |
| 0 | 1 | 2 | 7. Bragging, boasting | 0 | 1 | 2 | 38. Gets teased a lot | |
| 0 | 1 | 2 | 8. Can't concentrate, can't pay attention for long | 0 | 1 | 2 | 39. Hangs around with others who get in trouble | |
| 0 | 1 | 2 | 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____ | 0 | 1 | 2 | 40. Hears sounds or voices that aren't there (describe): _____ | |
| 0 | 1 | 2 | 10. Can't sit still, restless, or hyperactive | 0 | 1 | 2 | 41. Impulsive or acts without thinking | |
| 0 | 1 | 2 | 11. Clings to adults or too dependent | 0 | 1 | 2 | 42. Would rather be alone than with others | |
| 0 | 1 | 2 | 12. Complains of loneliness | 0 | 1 | 2 | 43. Lying or cheating | |
| 0 | 1 | 2 | 13. Confused or seems to be in a fog | 0 | 1 | 2 | 44. Bites fingernails | |
| 0 | 1 | 2 | 14. Cries a lot | 0 | 1 | 2 | 45. Nervous, highstrung, or tense | |
| 0 | 1 | 2 | 15. Cruel to animals | 0 | 1 | 2 | 46. Nervous movements or twitching (describe): _____ | |
| 0 | 1 | 2 | 16. Cruelty, bullying, or meanness to others | 0 | 1 | 2 | 47. Nightmares | |
| 0 | 1 | 2 | 17. Daydreams or gets lost in his/her thoughts | 0 | 1 | 2 | 48. Not liked by other kids | |
| 0 | 1 | 2 | 18. Deliberately harms self or attempts suicide | 0 | 1 | 2 | 49. Constipated, doesn't move bowels | |
| 0 | 1 | 2 | 19. Demands a lot of attention | 0 | 1 | 2 | 50. Too fearful or anxious | |
| 0 | 1 | 2 | 20. Destroys his/her own things | 0 | 1 | 2 | 51. Feels dizzy or lightheaded | |
| 0 | 1 | 2 | 21. Destroys things belonging to his/her family or others | 0 | 1 | 2 | 52. Feels too guilty | |
| 0 | 1 | 2 | 22. Disobedient at home | 0 | 1 | 2 | 53. Overeating | |
| 0 | 1 | 2 | 23. Disobedient at school | 0 | 1 | 2 | 54. Overtired without good reason | |
| 0 | 1 | 2 | 24. Doesn't eat well | 0 | 1 | 2 | 55. Overweight | |
| 0 | 1 | 2 | 25. Doesn't get along with other kids | | | | 56. Physical problems without known medical cause: | |
| 0 | 1 | 2 | 26. Doesn't seem to feel guilty after misbehaving | 0 | 1 | 2 | a. Aches or pains (not stomach or headaches) | |
| 0 | 1 | 2 | 27. Easily jealous | 0 | 1 | 2 | b. Headaches | |
| 0 | 1 | 2 | 28. Breaks rules at home, school, or elsewhere | 0 | 1 | 2 | c. Nausea, feels sick | |
| 0 | 1 | 2 | 29. Fears certain animals, situations, or places, other than school (describe): _____ | 0 | 1 | 2 | d. Problems with eyes (not if corrected by glasses) (describe): _____ | |
| 0 | 1 | 2 | 30. Fears going to school | 0 | 1 | 2 | e. Rashes or other skin problems | |
| 0 | 1 | 2 | 31. Fears he/she might think or do something bad | 0 | 1 | 2 | f. Stomachaches | |
| | | | | 0 | 1 | 2 | g. Vomiting, throwing up | |
| | | | | 0 | 1 | 2 | h. Other (describe): _____ | |

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body
(describe): _____

- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over;
compulsions (describe): _____

- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____

- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or
night (describe): _____

- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need
(describe): _____

- 0 1 2 84. Strange behavior (describe): _____

- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't*
include alcohol or tobacco) (describe): _____

- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 0 1 2 113. Please write in any problems your child has that
were not listed above:

- 0 1 2 _____
- 0 1 2 _____
- 0 1 2 _____