

BEHAVIOR SCREENING

Name _____
 Parent Name _____
 School _____

DOB _____ Date _____
 Contact Number _____
 Teacher _____

Briefly list academic and behavior concerns starting with the most concerning:

1. _____
2. _____
3. _____

PREGNANCY/DELIVERY/INFANCY **YES NO**

1. Where was your baby born? _____
2. What was your baby's birth weight? lbs _____ oz _____
3. More active than siblings in utero? YES NO
4. Did you smoke/vape during pregnancy? YES NO
5. Did you drink alcohol during pregnancy? YES NO
6. Did you use other drugs during pregnancy? YES NO
7. Did baby need vigorous resuscitation? YES NO

GENERAL HEALTH & DAILY LIFE **YES NO**

8. Has your child ever ingested a poison? YES NO
9. Has your child ever had a seizure? YES NO
10. Head injury with loss of consciousness? YES NO
11. Serious illness or hospitalization? YES NO
12. Any history of physical or sexual abuse? YES NO
13. Does your child have a sleep problem? YES NO
 - a. Difficulty falling asleep? YES NO
 - b. Restless sleep? YES NO
 - c. Hard to awaken? YES NO
14. Distracted when getting ready for school? YES NO
15. Problems handling schedule changes? YES NO
16. Problems with transitions? YES NO

ACTIVITY LEVEL (AGE 4-10) **YES NO**

17. Is your child hyperactive? YES NO
18. Is your child "fidgety and wiggly"? YES NO
19. Have trouble sitting through meals? YES NO
20. Do you avoid restaurants because of your child? YES NO
21. Is shopping more difficult for this child? YES NO
22. Do you avoid taking your child shopping? YES NO
23. Cannot sit quietly and watch TV? YES NO
24. Doing something else while watching TV? YES NO
25. Does your child talk excessively? YES NO
26. Is this annoying at times? YES NO
27. Make strange/unusual noises during play? YES NO
28. Does your child have a tic? YES NO

FAMILY HISTORY **YES NO**

29. Cardiac problems? YES NO
30. Learning problems/disorders? YES NO
31. Attention deficit disorder? YES NO
32. Tics or Tourette disorder? YES NO
33. Depression? YES NO
34. Anxiety disorder? YES NO

35. Bipolar disorder? YES NO
36. Substance abuse or alcoholism? YES NO
37. Adolescent problems? YES NO
38. School drop-out? YES NO
39. Being held back in school? YES NO
40. Trouble with the law? YES NO

EARLY DEVELOPMENT **YES NO**

41. Abnormal early development landmarks? YES NO
 - a. Late sitting up (after 8 mos)? YES NO
 - b. Late walking (after 15 mos)? YES NO
 - c. Late single words (after 18 mos)? YES NO
 - d. Late small phrases (after 2 yrs)? YES NO
 - e. Late sentences (after 3 yrs)? YES NO
42. Late toilet training? YES NO
43. Late in staying dry? YES NO
44. Have accidents with stool? YES NO

MOTOR COORDINATION **YES NO**

45. Problems in large motor coordination? YES NO
 - a. Problems throwing/catching ball? YES NO
 - b. Problems running/jumping? YES NO
 - c. Problems riding a bicycle? YES NO
46. Problems with fine motor coordination? YES NO
 - a. Problems with tying shoes? YES NO
 - b. Problems with handwriting? YES NO
 - c. Problems with using scissors? YES NO
47. Does your child dislike team sports? YES NO
48. Attention problems in games/practices? YES NO
49. Difficult to read his/her handwriting? YES NO

ATTENTIONAL & ORGANIZATIONAL ABILITIES **YES NO**

50. Inattentive during non-school activities? YES NO
 - a. Inattentive during chores? YES NO
 - b. Inattentive dressing/bedtime? YES NO
51. Difficulty with multiple instruction? YES NO
52. Distracted easily during homework? YES NO
 - a. Procrastinates? YES NO
 - b. Gets up and down? YES NO
 - c. Needs help one-on-one to stay on task? YES NO
 - d. Takes very long to finish work? YES NO
53. Problems with short-term memory? YES NO
 - a. Loses and misplaces things? YES NO
 - b. Forgets things at school? YES NO

- c. Forgets to turn in homework?
- d. Loses or misplaces homework?
- e. Problems remembering dates?
- 54. Difficulty with school projects?
- a. Difficulty making an outline?
- b. Difficulty breaking into steps?
- c. Easily overwhelmed by projects?
- d. One-on-one helps dramatically?
- 55. Does your child daydream a lot?
- 56. Does "space cadet" describe your child?

IMPULSIVITY **YES** **NO**

- 57. Fascinated by matches, setting fires?
- 58. Make impulsive statements?
- a. Problems with interrupting?
- b. Problems with blurting out?
- 59. Any inappropriate behaviors?
- a. Rude or obnoxious?
- b. Bossy or controlling?
- c. Competitive or needs to win?
- d. Ignores or disobeys rules?
- e. "In your face"?
- f. Inappropriate touching?
- g. Doesn't read social cues?
- h. Doesn't learn from experience?
- i. Repeats the same mistakes?
- 60. Does your child have anger problems?
- a. Hitting or fighting?
- b. Breaking or throwing objects?
- c. Destroying property?
- 61. Any problems with friendships?
- a. Few or no friends?
- b. Rare party invitations/playdates?
- c. Prefers younger/older children?
- d. Immature compared to peers?
- e. Make friends but loses them?

OTHER ASSOCIATED BEHAVIORS **YES** **NO**

- 62. Does your child have poor self-esteem?
- a. Self-derogatory statements?
- b. Acts sad or depressed?
- c. Withdraws?
- d. Verbalizes death wish/statement?
- 63. Does your child ever appear anxious?
- a. Panic attacks?
- b. Hyperventilation?
- c. Specific fears or phobias?
- 64. Any obsessive-compulsive behaviors?
- 65. Does your child lie?
- a. Refuses to admit responsibility?
- b. Makes up untrue stories?
- 66. Does your child steal?
- a. Shoplift?
- b. Money from home, others' toys?

- 67. Ever abused any substances?
- a. Cigarettes?
- b. Alcohol?
- c. Marijuana?
- d. Other illicit drugs?
- 68. Is your child sexually active?
- 69. Problems with obedience/compliance?
- a. Argumentative?
- b. Defiant?
- c. Blames others?
- d. Refuses to accept responsibility?
- 70. What disciplinary techniques are helpful?
- a. Time-outs?
- b. Consequence systems?
- c. Reward systems?
- d. Restriction of privileges?
- e. Nothing works?
- 71. Been involved in antisocial behavior?
- a. Setting fires?
- b. Breaking and entering?
- c. Physical violence with weapons?
- d. Cruelty to animals or peers?
- 72. Contact with police/juvenile authorities?
- 73. Currently seeing a counselor?
- a. If yes, contact info _____

ACADEMIC CONCERNS **YES** **NO**

- 74. Is your child below grade level? How much?
- a. Reading? _____
- b. Math? _____
- c. Writing? _____
- 75. Teacher raise concerns about progress?
- a. If yes, at what grade level and concerns:
- b. Academics/grade level? _____
- c. Behavior? _____
- 77. School testing for learning disabilities?
- 78.. Any private learning evaluations?
- 79. Any private tutoring?
- 80. What contributes to academic difficulties?
- a. Not paying attention in class?
- b. Not finishing all the homework?
- c. Homework lost, late, forgotten?
- d. Doesn't study for tests?
- e. Hurried, careless, not proofread?
- f. Doesn't understand material?

ADDENDUM **YES** **NO**

- 81. One or two parents? _____
- 82. Separation/divorce?
- a. Custody rules (joint, sole, etc)? _____
- 83. Blended family?
- 84. Sibling relationship okay?
- 85. Foster child?