

Behavioral Checklist

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Child's Name:

Date:

Your Name:

Subject (if teacher):

Please rate the severity of each problem listed.

Please add comments below.

(0)none (1)slight (2)moderate (3)major

Trouble attending to work that child understands well _____

Trouble attending to work that child understands poorly _____

Requires one-to-one attention to get work done _____

Impulsive (trouble waiting turn, blurts out answers) _____

Hyperactive (fidgety, trouble staying seated) _____

Disorganized _____

Homework not handed in _____

Inconsistent work and effort _____

Poor sense of time _____

Does not seem to talk through problems _____

Over-reacts _____

Easily overwhelmed _____

Blows up easily _____

Trouble switching activities _____

Hyper-focused at times _____

Poor handwriting _____

Certain academic tasks seem difficult (specify) _____

Seems *deliberately* spiteful, cruel or annoying _____

Anxious, edgy, stressed or painfully worried _____

Obsessive thoughts or fears; perseverative rituals _____

Irritated for hours or days on end (not just frequent, brief blow-ups) _____

Depressed, sad, or unhappy _____

Extensive mood swings _____

Tics: repetitive movements or noises _____

Poor eye contact _____

Does not catch on to social cues _____

Limited range of interests and interactions _____

Unusual sensitivity to sounds, touch, textures, movement or taste _____

Coordination difficulties _____

Other (specify) _____

If the child is on medication, please answer the following questions:

Can you tell when the child is on medication or not?

Does the medication work consistently throughout the day?

Does the child appear to be on too much or too little medication?