



Name:

Date:

BEHAVIOR CHECKLIST FOR PARENTS

Please use the given lines to explain or elaborate in order to give a more complete picture.

MY CHILD...

<input type="checkbox"/>	Is usually happy.
<input type="checkbox"/>	Is usually sad or withdrawn.
<input type="checkbox"/>	Sleeps well.
<input type="checkbox"/>	Does not sleep well.
<input type="checkbox"/>	Wets the bed.
<input type="checkbox"/>	Is very shy.
<input type="checkbox"/>	Is very aggressive or violent.
<input type="checkbox"/>	Is very stubborn.
<input type="checkbox"/>	Is very disobedient.
<input type="checkbox"/>	Is very fearful.
<input type="checkbox"/>	Is very lazy.
<input type="checkbox"/>	Is overly dependent (for his or her age).
<input type="checkbox"/>	Is very nervous.
<input type="checkbox"/>	Manifests a tough attitude.



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	Can't handle criticism.
	Has excessive temper tantrums.
	Bullies others.
	Lies.
	Steals.
	Sets fires.
	Daydreams a lot.
	Seems hyperactive.
	Distracts easily.
	Is overly suspicious.
	Is overly jealous.
	Is cruel to animals.
	Has sudden mood swings.
	Is sexually active.
	Has sexual identity problems.
	Is unsociable.
	Has odd or compulsive habits.
	Is preoccupied with guns or violence.



	Has been/is in trouble with the law.
	Has been/is in a gang.
	Has run away.
	Has stayed out all night.
	Has skipped school.
	Has substance abuse issues.
	Has an appropriate peer group.
	Has been/is on prescribed medication.
	Has been/is in therapy. Diagnosis:
	Is overly friendly to strangers.
	Has difficulty keeping friends.
	Hoards or sneaks food.
	Cuts himself/herself.
	Doesn't cry, even when appropriate.
	Is very bossy.
	Is deliberately destructive.
	Refuses comfort when hurt.
	Is inappropriately flirtatious.



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	Never makes eye contact.
	Doesn't feel guilty, even when appropriate.

Is there anything else about your child's behavior that concerns you that was not mentioned here? Do you have any other comments to add?
