

CHILD AND ADOLESCENT CHECKLIST OF CONCERNS

Name of Child / Adolescent: _____
Name of Person Completing Checklist: _____

Age: _____ Date: _____
Relationship: _____

Instructions: Please read each item carefully. Check any that is a concern and would like for your child's therapist to address in counseling.

BEHAVIOR

- Does things without thinking
- Violates curfew
- Destroys property or belongings
- Steals
- Lies often
- Has been in trouble with police or probation
- Sexual problems
- Has run away from home
- Has attempted or talked about suicide
- Argues when told to do something
- Delays doing as asked
- Cruel to animals
- Wants everything his / her own way
- Often tries to be the center of attention
- Has temper tantrums
- Acts like a younger child
- Curses
- Sets fires
- Nervous habits
- Often pouts and sulks
- Prefers to be alone / avoids activities
- Other: _____

ACADEMIC

- Is truant from school
- Grades have dropped
- Does not complete assignments in the classroom
- Does not do homework
- Learning disability ___ and / or mental retardation ___
- Feels unfairly treated by teachers or authorities
- Short attention span
- Often clowns in class
- Refuses to go to school
- Is poorly organized in seatwork
- Poor handwriting / sloppy work
- Can't sit still
- Makes grades below ability
- Has difficulty working in groups
- Rarely speaks up in class
- Rarely works without individual attention
- Has had detentions, suspensions or was expelled
- Test anxiety
- Fears teacher
- Trouble on the bus
- Other: _____

THINKING

- Seems preoccupied with certain thoughts
- Daydreams more than most
- Says or does things over and over
- Hears or sees things that aren't there
- Seems unaware at times of what is happening around him / her

- Trouble concentrating
- Ideas that don't make sense
- Other: _____

FEELINGS

- Is upset by any changes in routines or schedules
- Lots of fears
- Lacks self-confidence
- Feels sad a lot / cries easily
- Does not seem to feel guilt
- Is extremely critical
- Seems afraid to make mistakes / easily embarrassed
- Does not like to be touched
- Resents even gentle criticism
- Has an "I don't care" attitude
- Has a "you can't make me" attitude
- Feels angry a lot
- Feels bored a lot
- Is afraid of "rough" play
- Has frequent nightmares
- Other: _____

FAMILY

- Gets along poorly with brothers ___ sisters ___
- Gets along poorly with mother ___ stepmother ___
- Gets along poorly with father ___ stepfather ___
- Avoids contact with family members
- Parents get along poorly with each other
- Clings to parents
- Other: _____

SOCIAL

- Hangs around with a bad crowd
- Is too easily led by others
- Chooses friends a lot younger ___ a lot older ___
- Is often teased by others
- Doesn't like being alone
- Has few friends
- Tattles on other children
- Teases other children
- Seems shy
- Often boasts
- Often interrupts others
- Won't argue or fight back when most would
- Fights
- Has ever been sexually molested
- Uses alcohol
- Uses drugs
- Sells drugs
- Smokes cigarettes
- Other: _____

PHYSICAL

- Frequent physical complaints
- Trouble falling asleep ____ sleeps too much ____
- Is tired much of the time
- Is seriously overweight ____ underweight ____
- Lost ____ or gained ____ a lot of weight
- Hearing problems ____ speech problems ____
- Vision problems
- Poor bladder control during the day
- Wets the bed at night
- Poor bowel control
- Is clumsy and awkward
- Frequently becomes ill on school days, while at school or away from home
- Other: _____