



Child Behavior Checklist

Child's Name: _____ Age: _____ Date: _____

Parents' Names: _____

Please use this form to help us to understand your child's behavior and personality as we plan for the school year.
Use the space on the 2nd page to comment and/or elaborate.

Any official diagnosis, illness or disability made by a doctor, psychologist or other professional: _____

Do you know that your child requires one-on-one or extra attention to succeed in a group setting? Circle One: Yes No Unsure

For each item below, please circle the appropriate number which best describes your child's behavior:

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | |
|--|--|
| 0 1 2 1. Acts too young for age | 0 1 2 19. Gets too upset if separated from parent |
| 0 1 2 2. Afraid to try new things | 0 1 2 20. Hits/harms (bites, kicks, etc.) others |
| 0 1 2 3. Can't pay attention for long | 0 1 2 21. Looks unhappy without good reason |
| 0 1 2 4. Can't sit still, restless | 0 1 2 22. Angry moods |
| 0 1 2 5. Can't stand having things out of place | 0 1 2 23. Nervous, high-strung or intense |
| 0 1 2 6. Can't stand waiting | 0 1 2 24. Shows panic for no good reason |
| 0 1 2 7. Chews on or eats things that aren't edible | 0 1 2 25. Poorly coordinated or clumsy |
| 0 1 2 8. Clings to adults; too dependent | 0 1 2 26. Problems with eyes |
| 0 1 2 9. Constantly seeks help | 0 1 2 27. Consequence doesn't change behavior |
| 0 1 2 10. Cries a lot | 0 1 2 28. Quickly shifts between activities |
| 0 1 2 11. Defiant/Disobedient | 0 1 2 28. Refuses to play active games |
| 0 1 2 12. Destroys things; own or others | 0 1 2 29. Repeatedly rocks head or body |
| 0 1 2 13. Disturbed by any change in routine | 0 1 2 30. Screams a lot |
| 0 1 2 14. Doesn't answer when spoken to | 0 1 2 31. Seems unresponsive to affection |
| 0 1 2 15. Doesn't get along with other children | 0 1 2 32. Self-conscious or easily embarrassed |
| 0 1 2 16. Doesn't know how to have fun; or too adult-like | 0 1 2 33. Selfish/won't share |
| 0 1 2 17. Doesn't seem to feel guilty for misbehaving | 0 1 2 34. Shows little affection towards people |
| 0 1 2 18. Easily frustrated | 0 1 2 35. Shows no interest in the things around |

- 0 1 2 36. Easily jealous
- 0 1 2 37. Fears certain situations/people
- 0 1 2 38. Feelings are easily hurt
- 0 1 2 39. Gets in many fights/arguments
- 0 1 2 40. Gets into everything
- 0 1 2 41. Sulks a lot
- 0 1 2 42. Temper tantrums or hot-temper
- 0 1 2 43. Too concerned with neatness
- 0 1 2 44. Too fearful or anxious
- 0 1 2 45. Uncooperative
- 0 1 2 46. Underactive/slow-moving
- 0 1 2 47. Unhappy, sad or depressed
- 0 1 2 48. Unusually loud
- 0 1 2 49. Upset by new people/situations

- 0 1 2 50. Too shy or timid
- 0 1 2 51. Speech issues
- 0 1 2 52. Stares into space/preoccupied
- 0 1 2 53. Rapid shift between moods
- 0 1 2 54. Stubborn, sullen or irritable
- 0 1 2 55. Wanders away
- 0 1 2 56. Wants a lot of attention
- 0 1 2 57. Whining
- 0 1 2 58. Withdrawn, no involvement with others
- 0 1 2 59. Worries

60. Please write in any behaviors that your child has that are not listed: _____

What are your main concerns for your child in Preschool? _____

What are your child's strengths? _____

Weaknesses? _____

Does your child exhibit behaviors that may disrupt class, and how do you typically help manage these behaviors? _____

Does your child have any phobias or fears? _____

Does your child have physical disabilities or limitations? _____

Does your child have allergies – food, medical or plant? _____

What activities are difficult for your child? _____

Comments: _____

This information will be kept confidential, in your child's personal file and will only be shared with Preschool staff and professionals in order to best place and/or accommodate the needs of your child.

Thank you for partnering with us at Cherry Hills Preschool!