



### Child Behavior Checklist

(to be completed at registration **ONLY** if special needs or specific behaviors should be noted)

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 2<sup>nd</sup> page to comment and/or elaborate.

Any official diagnosis, illness or disability made by a doctor, psychologist or other professional? \_\_\_\_\_

Have you ever sought testing/assessment for any concerns/delays in which your child has exhibited? \_\_\_\_\_

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 very young for age
- 0 1 2 2. Afraid to try new things
- 0 1 2 3. Can't pay attention for long
- 0 1 2 4. Can't sit still, restless
- 0 1 2 5. Can't stand having things out of place
- 0 1 2 6. Can't stand waiting
- 0 1 2 7. Chews on or eats things that aren't edible
- 0 1 2 8. Clings to adults; very dependent
- 0 1 2 9. Constantly seeks help
- 0 1 2 10. Cries a lot
- 0 1 2 11. Defiant/Disobedient
- 0 1 2 12. Destroys things; own or others
- 0 1 2 13. Disturbed by any change in routine
- 0 1 2 14. Doesn't answer when spoken to
- 0 1 2 15. Doesn't get along well with other children
- 0 1 2 19. Gets very upset if separated from parent
- 0 1 2 20. Hits/harms (bites, kicks, etc.) others
- 0 1 2 21. Looks unhappy without good reason
- 0 1 2 22. Angry moods
- 0 1 2 23. Nervous, high-strung, or intense
- 0 1 2 24. Shows panic for no good reason
- 0 1 2 25. Poorly coordinated or clumsy
- 0 1 2 26. Problems with eyes/ears
- 0 1 2 27. Consequence doesn't change behavior
- 0 1 2 28. Quickly shifts between activities
- 0 1 2 28. Refuses to play active games
- 0 1 2 29. Repeatedly rocks head or body
- 0 1 2 30. Screams/yells a lot
- 0 1 2 31. Seems unresponsive to affection
- 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 17. Doesn't seem to feel guilty for misbehaving
- 0 1 2 18. Easily frustrated
- 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. Overly concerned with neatness
- 0 1 2 44. Very 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 33. Selfish/won't share
- 0 1 2 34. Shows little affection towards people
- 0 1 2 35. Shows no interest in the things around
- 0 1 2 50. Very 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 main goals/expectations for your child in Preschool? \_\_\_\_\_  
 What are your child's strengths? \_\_\_\_\_  
 Weaknesses? \_\_\_\_\_  
 What activities are especially difficult for your child? \_\_\_\_\_  
 Does your child exhibit behaviors that may disrupt class? How do you typically manage these behaviors? Circle One: Yes No  
 Explain: \_\_\_\_\_  
 Does your child have any strong phobias or fears? Circle One: Yes No  
 Explain: \_\_\_\_\_  
 Does your child have physical disabilities or limitations? Circle One: Yes No  
 Explain: \_\_\_\_\_  
 Does your child have any known allergies – food, medical or plant? Circle One: Yes No  
 Explain: \_\_\_\_\_

Comments or additional information that may help us to better understand your child? Please attach a description if so.

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!