



Please print.

CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5

For office use only
ID #

CHILD'S FULL NAME	First	Middle	Last	PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific — for example, auto technician, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.
CHILD'S GENDER	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE		
TODAY'S DATE Mo. ____ Day ____ Year ____		CHILD'S BIRTHDATE Mo. ____ Day ____ Year ____		PARENT 1 (or MOTHER) TYPE OF WORK _____
				PARENT 2 (or FATHER) TYPE OF WORK _____
Please fill out this form to reflect your view of the child's behavior, even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. Be sure to answer all items.				THIS FORM FILLED OUT BY: (print your full name) _____
				Your relation to child: <input type="checkbox"/> Parent 1 (or Mother) <input type="checkbox"/> Parent 2 (or Father) <input type="checkbox"/> Another (specify): _____

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please circle the 2 if the item is **very true or often true** of the child. Circle the 1 if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2	1. Aches or pains (without medical cause; do not include stomach or headaches)	0 1 2	30. Easily jealous
0 1 2	2. Acts too young for age	0 1 2	31. Eats or drinks things that are not food - don't include sweets (describe): _____
0 1 2	3. Afraid to try new things	0 1 2	32. Fears certain animals, situations, or places (describe): _____
0 1 2	4. Avoids looking others in the eye	0 1 2	33. Feelings are easily hurt
0 1 2	5. Can't concentrate, can't pay attention for long	0 1 2	34. Gets hurt a lot, accident-prone
0 1 2	6. Can't sit still, restless, or hyperactive	0 1 2	35. Gets in many fights
0 1 2	7. Can't stand having things out of place	0 1 2	36. Gets into everything
0 1 2	8. Can't stand waiting; wants everything now	0 1 2	37. Gets too upset when separated from parents
0 1 2	9. Chews on things that aren't edible	0 1 2	38. Has trouble getting to sleep
0 1 2	10. Clings to adults or too dependent	0 1 2	39. Headaches (without medical cause)
0 1 2	11. Constantly seeks help	0 1 2	40. Hits others
0 1 2	12. Constipated, doesn't move bowels (when not sick)	0 1 2	41. Holds breath
0 1 2	13. Cries a lot	0 1 2	42. Hurts animals or people without meaning to
0 1 2	14. Cruel to animals	0 1 2	43. Looks unhappy without good reason
0 1 2	15. Defiant	0 1 2	44. Angry moods
0 1 2	16. Demands must be met immediately	0 1 2	45. Nausea, feels sick (without medical cause)
0 1 2	17. Destroys own things	0 1 2	46. Nervous movements or twitching (describe): _____
0 1 2	18. Destroys things belonging to family or other children	0 1 2	47. Nervous, highstrung, or tense
0 1 2	19. Diarrhea or loose bowels (when not sick)	0 1 2	48. Nightmares
0 1 2	20. Disobedient	0 1 2	49. Overeating
0 1 2	21. Disturbed by any change in routine	0 1 2	50. Overtired
0 1 2	22. Doesn't want to sleep alone	0 1 2	51. Shows panic for no good reason
0 1 2	23. Doesn't answer when people talk to them	0 1 2	52. Painful bowel movements (without medical cause)
0 1 2	24. Doesn't eat well (describe): _____	0 1 2	53. Physically attacks people
0 1 2	25. Doesn't get along with other children	0 1 2	54. Picks nose, skin, or other parts of body (describe): _____
0 1 2	26. Doesn't know how to have fun; acts like a little adult		
0 1 2	27. Doesn't seem to feel guilt after misbehaving		
0 1 2	28. Doesn't want to go out of home		
0 1 2	29. Easily frustrated		

Be sure you answered all items. Then see other side.



Please print your answers. Be sure to answer all items.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0	1	2	55. Plays with own sex parts too much	0	1	2	79. Rapid shifts between sadness and excitement
0	1	2	56. Poorly coordinated or clumsy	0	1	2	80. Strange behavior (describe): _____
0	1	2	57. Problems with eyes (without medical cause) (describe): _____	0	1	2	81. Stubborn, sullen, or irritable
0	1	2	58. Punishment doesn't change behavior	0	1	2	82. Sudden changes in mood or feelings
0	1	2	59. Quickly shifts from one activity to another	0	1	2	83. Sulks a lot
0	1	2	60. Rashes or other skin problems (without medical cause)	0	1	2	84. Talks or cries out in sleep
0	1	2	61. Refuses to eat	0	1	2	85. Temper tantrums or hot temper
0	1	2	62. Refuses to play active games	0	1	2	86. Too concerned with neatness or cleanliness
0	1	2	63. Repeatedly rocks head or body	0	1	2	87. Too fearful or anxious
0	1	2	64. Resists going to bed at night	0	1	2	88. Uncooperative
0	1	2	65. Resists toilet training (describe): _____	0	1	2	89. Underactive, slow moving, or lacks energy
0	1	2	66. Screams a lot	0	1	2	90. Unhappy, sad, or depressed
0	1	2	67. Seems unresponsive to affection	0	1	2	91. Unusually loud
0	1	2	68. Self-conscious or easily embarrassed	0	1	2	92. Upset by new people or situations (describe): _____
0	1	2	69. Selfish or won't share	0	1	2	93. Vomiting, throwing up (without medical cause)
0	1	2	70. Shows little affection toward people	0	1	2	94. Wakes up often at night
0	1	2	71. Shows little interest in things around them	0	1	2	95. Wanders away
0	1	2	72. Shows too little fear of getting hurt	0	1	2	96. Wants a lot of attention
0	1	2	73. Too shy or timid	0	1	2	97. Whining
0	1	2	74. Sleeps less than most kids during day and/or night (describe): _____	0	1	2	98. Withdrawn, doesn't get involved with others
0	1	2	75. Smears or plays with bowel movements	0	1	2	99. Worries
0	1	2	76. Speech problem (describe): _____	0	1	2	100. Please write in any problems the child has that were not listed above.
0	1	2	77. Stares into space or seems preoccupied	0	1	2	_____
0	1	2	78. Stomachaches or cramps (without medical cause)	0	1	2	_____

*Please be sure you have answered all items.
Underline any you are concerned about.*

Does the child have any illness or disability (either physical or mental)? ☐ No ☐ Yes – Please describe:

What concerns you most about the child?

Please describe the best things about the child:

LANGUAGE DEVELOPMENT SURVEY FOR AGES 18-35 MONTHSFor office use only
ID #

The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of the child's developing language. ***Please print your answers. Be sure to answer all items.***

I. Was the child born earlier than the usual 9 months after conception?

☐ No ☐ Yes - how many weeks early? _____ weeks early.

II. How much did the child weigh at birth? _____ pounds _____ ounces; or _____ grams.

III. How many ear infections did the child have before age 24 months?

☐ 0-2 ☐ 3-5 ☐ 6-8 ☐ 9 or more

IV. Is any language besides English spoken in the child's home?

☐ No ☐ Yes - please list the language(s): _____

V. Has anyone in the child's family been slow in learning to talk?

☐ No ☐ Yes - please list their relationship to the child; for example, brother, father:

VI. Are you worried about the child's language development?

☐ No ☐ Yes - why? _____

VII. Does the child spontaneously say words in any language (not just imitates or understands words)?

☐ No ☐ Yes - if yes, please complete item VIII and page 4.

VIII. Does the child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."

☐ No ☐ Yes - please print 5 of the child's longest and best phrases or sentences.

For each phrase that is not in English, print the name of the language.

1. _____
2. _____
3. _____
4. _____
5. _____

Be sure you answered all items. Then see other side.

Please circle each word that the child says SPONTANEOUSLY (not just imitates or understands). If your child says non-English versions of words on the list, circle the English word and write the first letter of the language (e.g., S for Spanish). Please include words even if they are not pronounced clearly or are in "baby talk" (for example: "baba" for bottle).

FOODS	ANIMALS	ACTIONS	HOUSEHOLD	MODIFIERS	OTHER
1. apple	55. bear	107. bath	163. bathtub	216. all gone	264. any letter
2. banana	56. bee	108. breakfast	164. bed	217. all right	265. away
3. bread	57. bird	109. bring	165. blanket	218. bad	266. booboo
4. butter	58. bug	110. catch	166. bottle	219. big	267. byebye
5. cake	59. bunny	111. clap	167. bowl	220. black	268. excuse me
6. candy	60. cat	112. close	168. chair	221. blue	269. here
7. cereal	61. chicken	113. come	169. clock	222. broken	270. hi, hello
8. cheese	62. cow	114. cough	170. crib	223. clean	271. in
9. coffee	63. dog	115. cut	171. cup	224. cold	272. me
10. cookie	64. duck	116. dance	172. door	225. dark	273. meow
11. crackers	65. elephant	117. dinner	173. floor	226. dirty	274. my
12. drink	66. fish	118. doo-doo/poop	174. fork	227. dry	275. myself
13. egg	67. frog	119. down	175. glass	228. good	276. nighttime
14. food	68. horse	120. eat	176. knife	229. happy	277. no
15. grapes	69. monkey	121. feed	177. light	230. heavy	278. off
16. gum	70. pig	122. finish	178. mirror	231. hot	279. on
17. hamburger	71. puppy	123. fix	179. pillow	232. hungry	280. out
18. hotdog	72. snake	124. get	180. plate	233. little	281. please
19. ice cream	73. tiger	125. give	181. potty	234. mine	282. Sesame St.
20. juice	74. turkey	126. go	182. radio	235. more	283. shut up
21. meat	75. turtle	127. have	183. room	236. nice	284. thank you
22. milk		128. help	184. sink	237. pretty	285. there
23. orange	BODY PARTS	129. hit	185. soap	238. red	286. under
24. pizza	76. arm	130. hug	186. spoon	239. stinky	287. welcome
25. pretzel	77. belly button	131. jump	187. stairs	240. that	288. what
26. raisins	78. bottom	132. kick	188. table	241. this	289. where
27. soda	79. chin	133. kiss	189. telephone	242. tired	290. why
28. soup	80. ear	134. knock	190. towel	243. wet	291. woofwoof
29. spaghetti	81. elbow	135. look	191. trash	244. white	292. yes
30. tea	82. eye	136. love	192. T.V.	245. yellow	293. you
31. toast	83. face	137. lunch	193. window	246. yucky	294. yumyum
32. water	84. finger	138. make			295. any number
	85. foot	139. nap	PERSONAL	CLOTHES	PEOPLE
TOYS	86. hair	140. open	194. brush	247. belt	296. aunt
33. ball	87. hand	141. outside	195. comb	248. boots	297. baby
34. balloon	88. knee	142. patty cake	196. glasses	249. coat	298. boy
35. blocks	89. leg	143. peekaboo	197. key	250. diaper	299. daddy
36. book	90. mouth	144. peepee	198. money	251. dress	300. doctor
37. crayons	91. neck	145. push	199. paper	252. gloves	301. girl
38. doll	92. nose	146. read	200. pen	253. hat	302. grandma
39. picture	93. teeth	147. ride	201. pencil	254. jacket	303. grandpa
40. present	94. thumb	148. run	202. penny	255. mittens	304. lady
41. slide	95. toe	149. see	203. pocketbook	256. pajamas	305. man
42. swing	96. tummy	150. show	204. tissue	257. pants	306. mommy
43. teddy bear		151. shut	205. tooth brush	258. shirt	307. own name
	VEHICLES	152. sing	206. umbrella	259. shoes	308. pet name
OUTDOORS	97. bike	153. sit	207. watch	260. slippers	309. uncle
44. flower	98. boat	154. sleep		261. sneakers	310. name of TV
45. house	99. bus	155. stop	PLACES	262. socks	or story
46. moon	100. car	156. take	208. church	263. sweater	character
47. rain	101. motorcycle	157. throw	209. home		
48. sidewalk	102. plane	158. tickle	210. hospital		
49. sky	103. stroller	159. up	211. library		
50. snow	104. train	160. walk	212. park		
51. star	105. trolley	161. want	213. school		
52. street	106. truck	162. wash	214. store		
53. sun			215. zoo		
54. tree					

Other words your child says,
including non-English words: