TURNING POINT COUNSELING SERVICES

WHERE GROWTH BEGINS

Child and Adolescent Checklist

Name: _____ DOB: _____ Age: ____ Today's Date: _____ Gender: M/F

School: _____ Grade: ____ Person completing this form: _____

To help me understand you better, please check the issues that apply to your situation. If there are two people completing this form, please differentiate who has identified the issue. Thank you.

	Never	Rarely	Sometimes	Often
Is unable to give close attention to details				
Makes mistakes that appear careless				
Has difficulty paying attention to tasks or play activities				
Does not seem to listen when spoken to directly				
Has difficulty following through on instructions				
Has difficulty finishing things				
Has difficulty organizing activities and things				
Loses important things				
Is forgetful in daily activities				
Fidgets with hands or feet or squirms in seat				
Has difficulty remaining in seat during class or meals				
Has difficulty playing quietly				
Has a lot of physical energy, is "busy" or "on the go"				
Talks excessively				
Answers questions before the question is completed				
Has difficulty taking turns in conversation or activities				
Interrupts other people's conversations or activities				
Difficulty maintaining eye contact				
Not interested in making or maintaining friendships				
Difficulty interpreting or expressing self through language				
Profound interest in specific things				
Strong preference for predictable routines				
Demonstrates repetitive behaviors				
Misses nuance in conversations or interactions with others				
Uses unconventional terminology for common things				
Is very literal in communication and play				
Difficulty with even small changes				
Profound interest in the component parts of objects				
Skips class or school				
Stays out at night beyond curfew				
Lies to get benefits or avoid responsibilities				
Bullies, threatens, or intimidates others				
Has broken into someone else's house, building, or car				
Has run away from home and/or stayed out overnight without permission				
Has stolen items when others were not looking				
Has deliberately started fires				
Has stolen items from others using force				
Has deliberately destroyed others' property				
Has been physically aggressive or cruel to animals				
Has been preoccupied with or involved in sexual activity				
Has used a weapon of any kind when fighting (stick, rock, knife, etc.)				
Has been physically aggressive or cruel to people				

	Never	Rarely	Sometimes	Often
Argues with adults				
Defies or refuses to follow instructions				
Does things deliberately to annoy others				
Blames others for own behavior				
Is easily annoyed by others				
Appears angry or resentful				
Takes anger out on others				
Seeks out revenge, tries to "get even" with others				
Is worried about performance in school, work, or extracurricular activities				
Has difficulty controlling worries				
Is physically restless				
Is easily annoyed for most of the day				
Is tense or has difficulty relaxing				
Has difficulty falling asleep or staying asleep				
Reports physical problems that are difficult to link to a cause (headaches, upset stomach, breathing changes, etc.)				
Picks at skin, fingernails, or hair				
Keeps or hides items that are more typically disposed of (trash, food scraps, items that are of no apparent use or value, etc.)				
Appears sad most of the day				
Former interests no longer appealing				
Few, if any, interests				
Thoughts of death or suicide				
Low energy or tired for no known reason				
Feels sad, worthless, guilty, or hopeless				
Decline in school performance				
Has little confidence				
Strong beliefs in or ideas about things that do not appear to be real				
Feels that other people are trying to harm him/her				
Sees things that others in the same space could not see				
Hears voices that give commands that others in the same space could not hear				
Strongly maintains illogical thoughts or ideas				
Demonstrates emotions that do not fit the circumstance				
Preoccupied with fantasy friends or experiences				

Place a check next to any of the following that have happened to you or any immediate family or household members:

____ Death of someone close
____ Major change in health
____ Marriage
____ Divorce/ separation
____ Abuse
____ Trauma
____ School problems
____ Victim of a crime
____ Move
____ Death of a pet
____ Incarceration
____ New child
____ Unemployment
____ Change of Employment

Feel free to include any additional comments: _____

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