

Adoption & Attachment Treatment Center of Iowa

A subsidiary of Best Growth Options Counseling Service, Inc.

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Behavioral Screening Checklist

Date _____ Child's Name _____
Completed by _____ (Mother) (Father) (Both) (Other _____)

Please indicate the overall occurrence, frequency, and severity of the following behaviors

1	2	3	4	5
Mild 0-15%	15-45%	Moderate 45-65%	65-85%	Severe 85-100%

- _____ Acts charming to get their way
- _____ Poor eye contact (unless lying)
- _____ Indiscriminate affection towards strangers
- _____ Rejects affection from parents (pushes/rigid)
- _____ Argues for long periods of time
- _____ Tremendous need to control (people/situations)
- _____ Acts incredibly innocent even when caught
- _____ Daredevil, risk-taking behavior
- _____ Deliberately breaks things/destroys own toys
- _____ Lacks a conscience/ability to show true remorse
- _____ Physically abusive or threatening to adults
- _____ Cruel to animals or smaller children
- _____ Impulsive or Hyperactive
- _____ Steals
- _____ Sexual acting out
- _____ Doesn't appear to be able to learn from mistakes
- _____ Makes false allegations of maltreatment/abuse
- _____ High tolerance for pain
- _____ Doesn't ask for help when needed
- _____ Doesn't allow anyone to comfort when hurt/ill
- _____ Sneaks things would've gotten permission for
- _____ Lies: crazy made up stories
- _____ Difficulty staying on task/focusing
- _____ Lies: to get others IN trouble
- _____ Hoards (hides) food
- _____ Takes forever to eat
- _____ Gorges self on food
- _____ Very poor peer social skills
- _____ Temper tantrums lasting for long periods
- _____ Nonstop chattering/incessant questions
- _____ Accident prone
- _____ Preoccupation with Fire, Gore
- _____ Behavior problems at school
- _____ Truant from school
- _____ Other behaviors of concern: _____