



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 2nd 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 19. Gets very 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; very dependent | 0 1 2 26. Problems with eyes/ears |
| 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/yells 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 well 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 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 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: _____

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!