Behavior Checklist

Client's Name | Date Information received

Name of Person completing form:
☐ DCFS ☐ Therapist ☐ Foster Parent ☐ Parent ☐ Guardian ☐ Other

Address

Home, work and cell numbers | Email address

Information Provided by:
☐ DCFS ☐ Therapist ☐ Foster Parent ☐ Parent ☐ Guardian ☐ Other

(If different from above) Name | Address | Phone

Please check appropriate boxes

Physical Aggression ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Hits☐kicks☐bites☐shoves☐trips☐pushes☐other	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Verbal Aggression ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Curses ☐ yells ☐ screams ☐ demands ☐ loud	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Fire Setting ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Plays with matches ☐ fascinated by fire ☐ hides lighters	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Homicidal attempt ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Physically hurts others ☐ damages others items ☐ weapons	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Homicidal Ideation ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ Talks about death ☐ threatens others ☐plans to hurt others	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Self care risk ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Refuses to bathe ☐won't get dressed ☐ won't comb hair	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Self –Injurious ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Cuts on self ☐burns self ☐hits self ☐ head bangs	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Sexually inappropriate ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ Describe	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Sexual perpetrator ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ Labeled Perpetrator ☐ Touches others privates ☐ Charged	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Suicide Attempt ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ cutting ☐ choking ☐ risk taking ☐other	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Suicidal Ideation ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Thinks of death ☐ death statements ☐ drawings of death	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Anxiety and Panic ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ Fidgets ☐expresses worry ☐uneasy ☐ hesitant	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Attachment Problems ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Refuses nurturing ☐ lack of boundaries ☐ unconnected	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Binges or purges ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Overeats ☐throws up on purpose ☐ hoards food	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Depressed Mood ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ Sad ☐ hopeless ☐ withdrawn ☐ uninterested	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Dissociative Behavior ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Nightmares ☐ flashbacks ☐ triggering events or thoughts	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Impulsive ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐Act w/o thinking, ☐never considers consequences	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Lying and or Manipulative ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ Doesn't tell the truth ☐ exaggerates negative ☐ dishonest	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	
Oppositional ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly	
☐ Refuses directions ☐ lies about completing tasks	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr	

Phobias (Including school phobia) ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Is afraid what things?	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Property destruction ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Puts holes in walls ☐ trashes room ☐ tears up toys	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Running Away ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Several hours ☐ overnight ☐ away from adult	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Social Withdrawal ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Refuses activities ☐ no friends ☐ avoids social situations	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Stealing ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Takes things ☐ hides things ☐ never asks permission	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Decreased Concentration ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Inability to focus ☐ distractible ☐ day dreams	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Hyperactivity ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ always moving ☐ inability to sit still ☐ related injuries	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Distractible ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Never on task ☐ watches others or things ☐ unfocused	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Paranoia ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Thinks others are out to get them ☐ no one's on their side	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Poor Judgment ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐Chooses negative Beh with obvious negative outcome	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Thought Disorder ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐Hears things ☐ sees things ☐ nonsense	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Alcohol use/ abuse ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Type of alcohol? ☐ beer/wine ☐ liquor/spirits/whiskey	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr
Drug use/Abuse ☐ NONE	How often it occurs→	☐Daily	☐Weekly	☐Monthly
☐ Marijuana ☐ cocaine ☐ meth ☐other	Last time it occurred →	☐Last 30 days	☐30 to 90 days	☐90 days to 1 yr

Please describe behavior and give dates

Current Outpatient Therapist Name **Address** **Phone**

List all previous Acute/Residential treatments including dates:

Court Involvement ☐ Yes ☐ No **Probation/FINS Caseworker** **Phone**

Current grade in school **Special Education?** ☐ Yes ☐ No **Last school Attended** **Days Absent**

Medications

Guardian name and Address

If not on the first page

Guardian phone, cell and contact numbers

Client DOB **SSN** **Insurance or Medicaid Number**

DCFS contact information: Name County Phone Number