



Kasandra Wheeler, PLLC

LICENSED PROFESSIONAL COUNSELING

Child Checklist of Characteristics

Name of child: _____ Date: ____/____/____

Age: ____

- Angry, often irritable, easily angered
- Conflicts with parents over breaking rules, chores, homework, grades, choices
- Dissatisfied with body, weight
- Distractible, inattentive, can't concentrate, daydreams, slow to respond
- Low confidence
- Fearful, anxious, cries
- Fighting, hitting, violent, aggressive, hostile, provokes, threatens, destructive
- Isolates, likes to be alone, withdraws, does not socialize
- Nervous, tense, worries excessively, startles easily
- Overactive, restless, hyperactive, out-of-seat behaviors, restlessness, fidgety, noisy
- Recent move, new school adjustment, loss of friends
- Runs away
- Sad, unhappy, down, often blue, tearful, cries
- School problems: Grades, attendance, class cutting, failing out of school
- Shy, timid, refuses to speak
- Sleep difficulties, bedtimes, excessive sleep, sleep walking, nightmares
- Suicide talk or attempt
- Scratches or picks at skin
- Teased, picked on, victimized, bullied
- Violent, breaks things, hurts others, temper tantrums, rages
- Wetting or soiling the bed or clothes

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.
