PEDIATRIC HEALTHCARE, LLC

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BEHAVIORAL ASSESSMENT

I request that you complete the following information regarding my child and mail or fax to the above address.

Sig	nature of Parent or Guardian	Date				
Cł	nild's Name	DOB				
Cł	nild's School					
Sc	hool Address					
Pr	esent grade	Number of grades repeated				
Те	eacher's Name					
Su	bject Taught	Time of Day				
Cı	irrent Performance/Grade					
1.	. Do you feel that this child is doing his/her best academic work? If not, what do you think interferes with his/ performance?					
2.	How does this child relate to other children?					
3.	How does this child relate to teacher?					
4.	Does this child present any particular behavioral problems? Pl					
5.	Any additional comments?					

Child's Name: _____

Evaluator's Name: _____

Behavior	Not At All	Just A Little	Quite A Bit	Very Often
Sits fiddling with small objects				
Hums and makes other odd noises				
Falls apart under stress under				
examination				
Coordination poor				
Restless or overactive				
Excitable				
Inattentive				
Difficulty concentrating				
Daydreams				
Oversensitive				
Overly serious or sad				
Sullen or sulky				
Selfish				
Disturbs other children				
Quarrelsome				
"Tattles"				
Acts "smart"				
Destructive				
Steals				
Lies				
Temper outburst				
Isolates self from other children				
Appears to be unaccepted by group				
Poor sense of fair play				
Appears to lack leadership				
Teases other children				
Defiant				
Submissive				
Shy				
Fearful				
Excessive demands of teachers'				
attention				
Stubborn				
Overly anxious to please				
Uncooperative				