



Preschool Behavior Checklist

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Child's Name: _____ Age: _____ Date: _____

Rate EACH statement with the number that best fits the child's behavior in the blank space opposite the statement. Use the same aged peers as a "norm" for comparison.

- 1- Not noticed this behavior before
- 2- Noticed this behavior occasionally
- 3- Noticed this behavior fairly often
- 4- Noticed this behavior often
- 5- Noticed this behavior very often

Doesn't complete tasks					
Acts before thinking					
Runs or climbs a great deal					
Looks "spacey"					
Night terrors (parents only)					
Doesn't seem to listen					
Shifts often from activity to activity					
Has trouble remaining seated					
Appears to daydream					
Sleep walking (parents only)					
Poor concentration on difficult tasks					
Difficulty organizing work					
Difficulty sitting still					
Does not show emotional expression					
Difficulty falling asleep (parents only)					
Difficulty completing tasks					
Needs a lot of supervision					
Much movement in sleep or "rocks" in the daytime					
Slow to respond to people/situations					
Difficult to awaken once asleep					
Is distracted easily					
Interrupts or speaks out of turn					
On the go a great deal					
Slow to use material					
Bedwetting (parents only)					
TOTALS					
	A	B	C	D	E