

Please be informed that if you choose to send this confidential information electronically, there is a possibility that it will not remain secure, and confidentiality cannot be guaranteed. If this is an issue for you, we recommend that you use regular mail for transmission of information.

***Gifted Development Center*** *a service of*  
***The Institute for the Study of Advanced Development***

Name of Child \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Gender \_\_\_\_\_

**BEHAVIORAL CHECKLIST**

How would you rate your child when he or she is **NOT** interested in an activity? Please mark **VO** for Very Often, **O** for Often, **S** for Sometimes, or **R** for Rarely for each activity as you feel it describes your child.

	VO	O	S	R	Activities
1.	_____	_____	_____	_____	fails to give close attention to details or makes careless mistakes in schoolwork
2.	_____	_____	_____	_____	has difficulty sustaining attention in tasks or play activities
3.	_____	_____	_____	_____	does not listen when spoken to directly
4.	_____	_____	_____	_____	does not follow through on instructions and fails to finish schoolwork
5.	_____	_____	_____	_____	has difficulty organizing tasks and activities
6.	_____	_____	_____	_____	avoids or dislikes tasks that require sustained mental effort ( <i>such as schoolwork or homework</i> )
7.	_____	_____	_____	_____	loses things necessary for tasks or activities
8.	_____	_____	_____	_____	easily distracted
9.	_____	_____	_____	_____	forgetful in daily activities
10.	_____	_____	_____	_____	fidgets with hands or feet or squirms in seat
11.	_____	_____	_____	_____	leaves seat in classroom or in other situations in which remaining seated is expected
12.	_____	_____	_____	_____	runs about or climbs excessively in situations in which it is inappropriate
13.	_____	_____	_____	_____	has difficulty playing quietly
14.	_____	_____	_____	_____	is "on the go" or often acts as if "driven by a motor"
15.	_____	_____	_____	_____	often talks excessively
16.	_____	_____	_____	_____	blurts out answers before questions have been completed
17.	_____	_____	_____	_____	has difficulty awaiting turn
18.	_____	_____	_____	_____	interrupts or intrudes on others ( <i>e.g. butts into conversations or games</i> )
19.	_____	_____	_____	_____	flaps arms when excited
20.	_____	_____	_____	_____	has certain rituals he or she performs at least once a week
21.	_____	_____	_____	_____	avoids eye contact

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22. \_\_\_\_\_ has had behavior problems at school

Source: Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition), DSM-IV, American Psychiatric Association