Youth Checklist	Client Name		DOB		Date	
	Client		Details Both client and Family Members		Family Members	
Indicate Frequency S= Sometimes O= often	O S	Date Began			O S	Name & **<< Details**
Easily distracted						
Fidgets with hands and feet						
Difficulty organizing task						
Blames others for your mistakes						
Refuses to do as asked						
Wetting or soiling night __ day __						
Anger outburst/ temper tantrums						
Easily bored						
Feels things intensely						
Argues with adults & talks back						
Does not like to be touched						
Does not make good eye contact						
Sensitive to tags in clothing						
Difficulty starting & stopping activities						
Covers ears when exposed to loud sounds						
Deliberately started fire						
Bullies, threatens or intimidates others						
Picky eater						
Repeats phrases inappropriately						
Dislikes bright lights						
Likes to be rubbed intensely						
Bumps into things						
Difficulty knowing how hard to touch things						
Overly friendly with strangers						
Overly shy						
Sexual knowledge above expected age level						
Sexual knowledge below expected age level						
Clingy with caregivers						
Excessively loud						
Runs and climbs inappropriately						
Stares into space						
Does not listen when spoken to						
Deliberately annoys people						
Easily frustrated						
Makes careless mistakes						