

Child's Behavior Checklist

Student Name:..... Date of Birth:.....

Name of the present school:..... Grade registered in:.....

School phone / fax / email address:.....

Name / position of providing this information to MAQBS:.....

Mark the number that best describe the child's behavior over the last 6 months:

	Rarely or never	Sometimes	Often	Very Often
1. Fails to give close attention to details (i.e. rushes through activities, makes careless mistakes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Fidgets with hands or feet or squirms in seat (taps hands or feet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has difficulty sustaining attention in tasks or play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not seem to listen when spoken to directly (tunes you out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Runs about or climbs excessively in situations in which it is inappropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does not follow through on instructions or fails to finish tasks (i.e. "go upstairs, get your shoes and socks"; has difficulty with transitions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has difficulty organizing tasks and activities (i.e. choosing an activity, getting materials, doing steps in order)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is "on the go" or acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Loses things necessary for tasks or activities (i.e. shoes, backpack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Is easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Is forgetful in daily activities (i.e. forgets papers, forgets directions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Interrupts or intrudes on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Signature:-----

Stamp:-----

Date:-----

Note: Kindly be informed that this is a confidential letter, so send it by e-mail or closed envelope