

**Parent Behavioral Rating Scales
Initial**

Developmental-Behavioral Pediatrics Program
Riedman Health Center
1455 East Ridge Rd Rochester, NY 14621
Phone (585) 922-4698 Fax (585) 922-5702

Date: / /

Child's Name:	Date of Birth:	<input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Person Completing Form:	Relationship to child:	
Current Medications:		

Each rating should be considered in context of what is appropriate for age of this child. Consider and rate behavior over past 6 months. If child is on medication, indicate behavior OFF medication with a circle (O) and ON medication with a square (□), if known.

Behavior	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or misunderstanding)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks requiring ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (assignments, pencils, books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily tasks	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when not appropriate	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks constantly	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Easily loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his/her mistakes or behaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3

Parent Behavioral Rating Scales- Initial

Today's Date:	M	M	/	D	D	/	Y	Y	Y	Y						
Child's Name:						Date of Birth:	M	M	/	D	D	/	Y	Y	Y	Y

Behavior	Never	Occasionally	Often	Very Often
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out late at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is self-conscious or easily embarrassed	0	1	2	3
43. Is afraid to try new things for fear of making mistakes	0	1	2	3
44. Feels worthless or inferior	0	1	2	3
45. Blames self for problems, feels guilty	0	1	2	3
46. Feels lonely, unwanted, or unloved; complains "no one loves them"	0	1	2	3
47. Is sad, unhappy, or depressed	0	1	2	3

Performance	Problematic	Somewhat Problematic	Average	Above Average	Excellent
1. Overall School Performance	1	2	3	4	5
a. Reading	1	2	3	4	5
b. Writing	1	2	3	4	5
c. Math	1	2	3	4	5
2. Overall Home Behavior	1	2	3	4	5
a. Relationships with parents	1	2	3	4	5
b. Relationships with siblings	1	2	3	4	5
c. Relationships with peers	1	2	3	4	5
d. Participation in organized activities (eg teams)	1	2	3	4	5
e. Homework completion	1	2	3	4	5
f. Organizational skills	1	2	3	4	5

Comments:

Signature of Parent/Guardian

Date

Please return this form to address or fax number on first page.