

TEEN BEHAVIOR CHECKLIST: TEEN'S NAME: _____

MONTH/YEAR: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Arguing/Complaining																															
Depressed																															
Disciplinary Action from School/Skipping School																															
Dishonest																															
Inapprop. Sexual Acts																															
Overeating																															
Physical Aggression																															
Property Destruction																															
Self-Harming																															
Skipping Meals																															
Stealing																															
Swearing																															
Runs Away or Disappears for Hours																															
Alcohol Use																															
Drug Use																															
Tobacco Use																															
Sexual Deviance																															
Therapy																															
Family Visit																															
Phone contact/Family																															
Home Visit /Staff																															
Psychiatric Appt.																															
Respite																															
Appropriate Self-Care																															
Comm. Service Hours																															
Did Own Laundry																															
Prepared Meals																															
Worked on PALS Ass.																															
Worked for Employer																															
Studied																															
Cleaned Living Space																															

Foster Parent: _____

Physical: _____	Height: _____
Dental: _____	Weight: _____
Eye: _____	